Case Report

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A 55-year-old obese female came with sudden epigastric discomfort after meal and syncopy 1 hour prior to hospital. She had dyspeptic symptoms off and on for 2-3 months and got EGD from other hospital and the result showed normal endoscopic finding. She had no weight loss or biliary pain. She had regular bowel motions.

Acute abdomen and chest x-ray were done as shown. Then upper GI study was done.

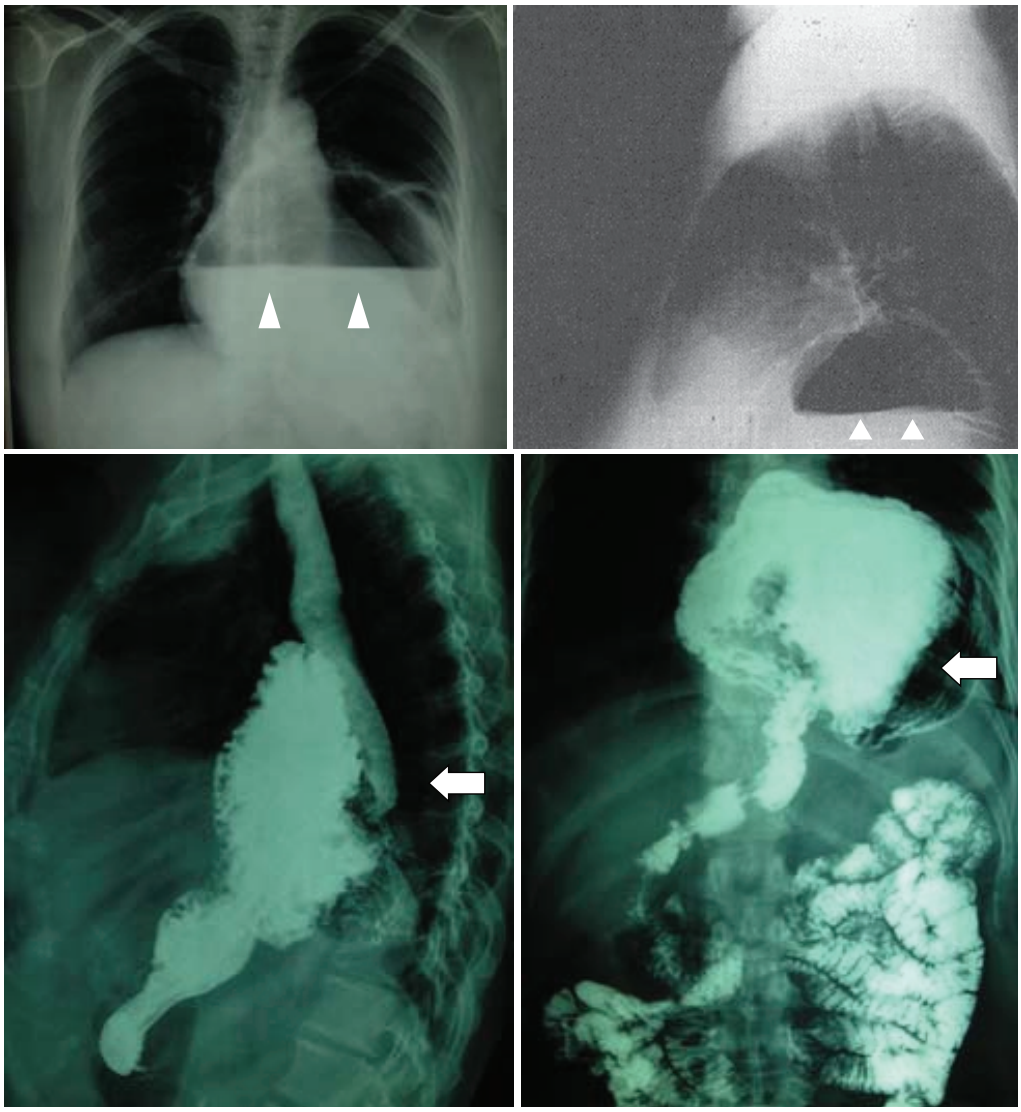

Figure 1.

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Acute abdomen and chest x-ray showed retrocardiac air-fluid level; stomach like dislocated into the thoracic cavity. The diagnosis of paraesophageal herniation was made.

DISCUSSION

Paraesophageal hernia is a severe form of hiatal hernia, characterized by the upward dislocation of the gastric fundus into the thoracic cavity. This entity is usually found in the elderly patients, and obesity. But in some report showed that some other related disorders such as hypertension, peritoneal adhesions and gall bladder/bile duct diseases were also highly associated with paraesophageal hernia[1]. Barium swallow is still recommended as an essential and basic diagnostic tool for diagnosis. However, gastroscopy is more helpful to identify the correct classification of hiatal hernia[2].

Laparoscopic paraesophageal hernia repair is the safe and recommended even in elderly patients. Most patients have a good symptomatic outcome irrespective of their age[3,4]. Awareness of these anomalies and know about this clinical setting are essential to diagnose and prevent further complications.

REFERENCES

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