

Giant Hiatal Hernia

Hernia Hiatal Gigante

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Case description:

The imaging findings corresponding to a 61-year-old white female patient with a history of chronic gastritis and recent weight loss are shown. She went to the on-call department of the Arnaldo Milián Castro Surgical Clinical Provincial Hospital of Villa Clara, presenting intense abdominal pain of two days of evolution that did not yield to the administration of analgesics, accompanied by 9 vomits of retention content. Physical examination revealed a distended abdomen, predominantly in the left upper quadrant, painful on palpation. Simple abdominal X-ray on admission showed great gastric distention (Image 1). A barium contrasted study of Esophagus-Stomach-Duodenum was performed, which concluded: tortuous esophagus, gastroesophageal junction above the diaphragm, observing the presence of the fundus and part of the body projected at the base of the left hemithorax above the diaphragm. The first portion of the duodenum is observed above the diaphragmatic pillar, with poor passage of contrast towards thin loops (Image 2). Thoracoabdominal CT reports at the level of the left pulmonary base a thick image measuring 105 by 107 cm that seems to communicate with the gastric fundus, with a thick septum in its interior in possible relation with diaphragmatic hernia, pancreas with increased density of peripancreatic fat (Image 3). Imaging studies concluded that it was a Giant Hiatal Hernia (Grade III Akerlund Classification, Grade IV Allison Classification). Surgical treatment was performed with hiatal herniorrhaphy plus gastric fundoplication by Toupet technique.

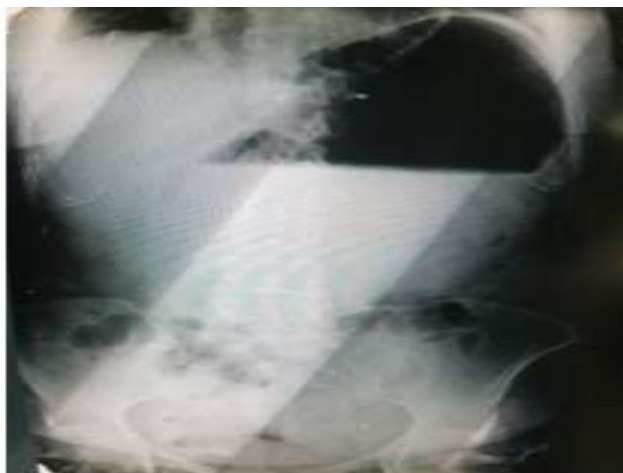


Image 1 Simple abdominal X-ray, showing large gastric distention.



Image 2. Esophagus-Stomach-Duodenum contrasted with barium.



Image 3. Axial CT scan of the thorax, showing intrathoracic stomach.