

Case images

Olgu görüntüsü

Hiatal hernia presenting like a large left atrial mass

Büyük bir sol atriyal kitle gibi prezente olan hiatal herni

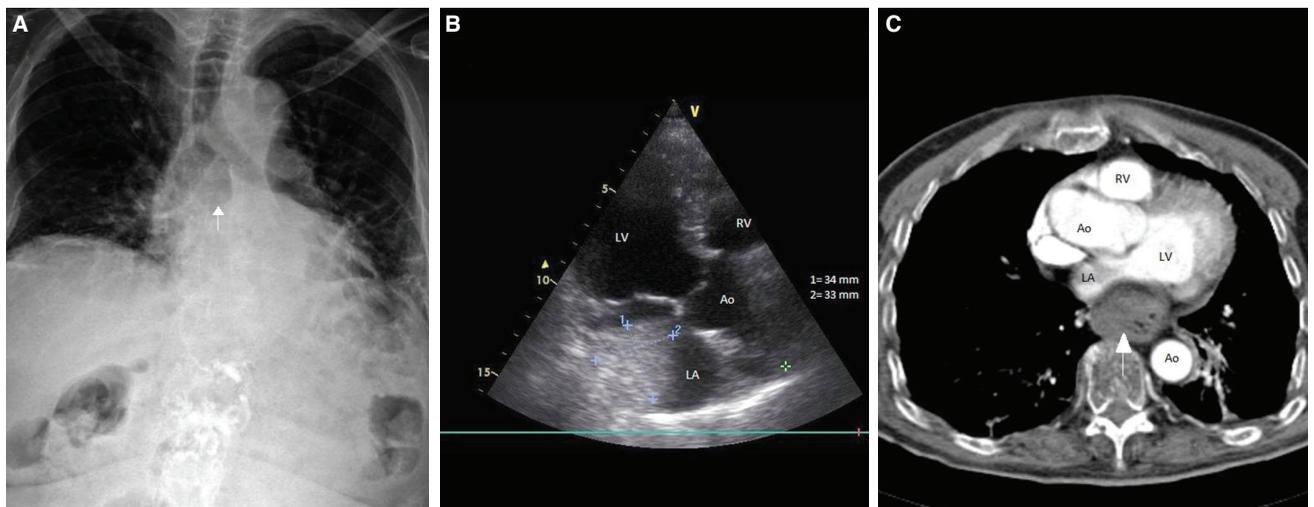
Muhammed Keskin¹Mert İlker Hayiroğlu¹Taha Keskin²Adnan Kaya³Ömer Kozan¹

¹Department of Cardiology,
Dr. Siyami Ersek Thoracic
and Cardiovascular Surgery
Training and Research Hospital,
Istanbul, Turkey

²Department of Internal Medicine/
Allergy-Immunology, Yeshiva
University, Albert Einstein College
of Medicine, New York, USA

³Department of Cardiology, Düzce
University Faculty of Medicine,
Düzce, Turkey

Paraesophageal hiatal hernia is described as prolapsus of the stomach through the diaphragmatic esophageal hiatus. These hernias are usually latent and discovered incidentally. However, some catastrophic complications may occur, such as bleeding and incarceration. Presently described is an unusual presentation of a hiatal hernia not previously reported in the literature. A 67-year-old man was admitted with chest pain ongoing for a period of 15 days. The character of the chest pain was progressive, retrosternal, and accompanied by a burning sensation. The patient was a heavy smoker, but did not have any other traditional risk factors for coronary artery disease. His physical examination was unremarkable and electrocardiogram was normal. Chest film revealed a suspicious air space under the tracheal bifurcation (Figure A). A fast bedside transthoracic echocardiography (TTE) was performed to exclude acute aortic and acute coronary syndromes. The TTE revealed a fixed left atrial (LA) mass 33x34 mm in size adjacent to the LA lateral wall (Figure B and Video 1*). In order to better reveal the LA mass, transesophageal echocardiography was attempted; however, the patient could not tolerate it. Subsequently, a contrast-enhanced cardiac computed tomography revealed a paraesophageal hiatal hernia consisting air gap and compressing the LA from behind (Figure C). After the definitive diagnosis was made, anti-acid treatment was initiated and patient underwent Nissen fundoplication surgery and was discharged on the postoperative 13th day without further complication.



Figures- (A) Chest X-ray shows normal mediastinal and cardiothoracic ratios with the suspicious air space under the tracheal bifurcation (white arrow indicates the air space). (B) Transthoracic echocardiogram in modified 4-chamber view illustrates left atrial mass 33x34 mm in size adjacent to the lateral atrial wall. (C) Cardiac computed tomography scan illustrating that the left atrium is compressed by a paraesophageal hernia (white arrow shows the hernia).

*Supplementary video files associated with this presentation can be found in the online version of the journal.