

Hiatal Hernia

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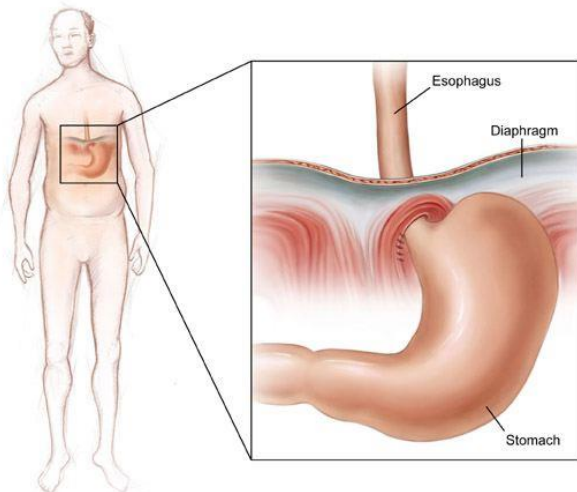
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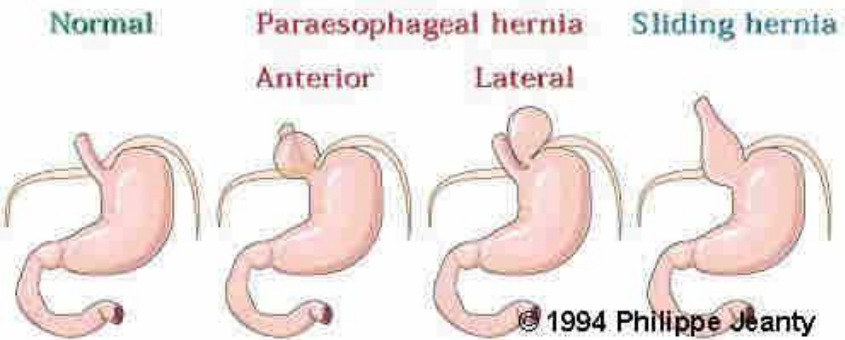
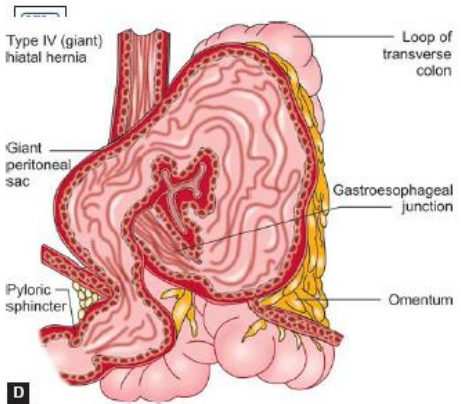
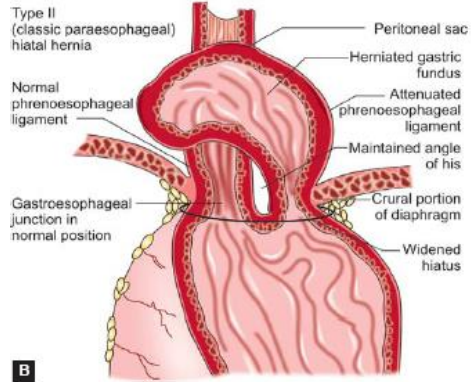
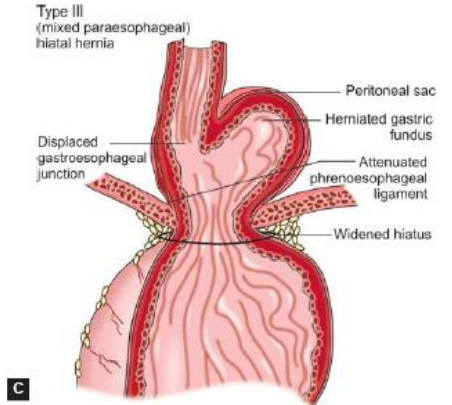
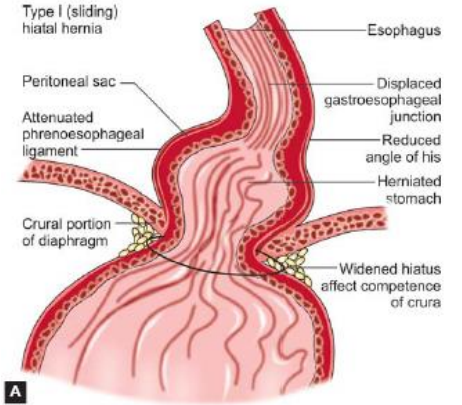
Introduction

- Esophageal hiatus is an elliptical opening in muscular part of diaphragm
- GOJ & lowest part of esophagus held in position by Phrenoesophageal membrane
- Increasing age
- Excessive weight
- Gallstones , diverticular disease & hiatus hernia— **Saint's triad**



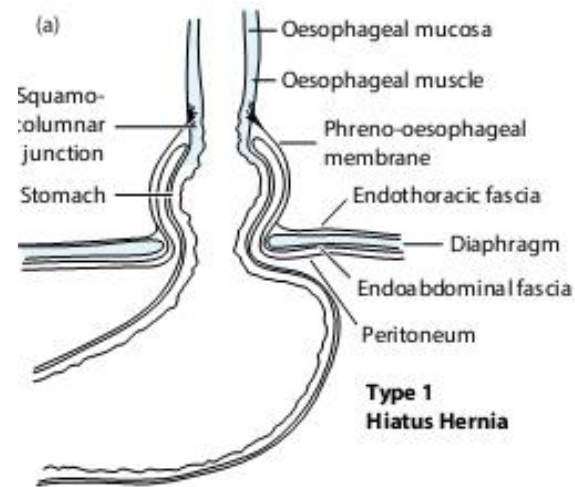
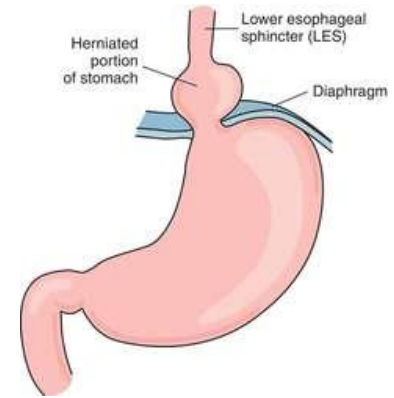
Types

- Type 1 – Axial, Sliding type
- Type 2– Paraesophageal type
- Type 3 – Mixed type



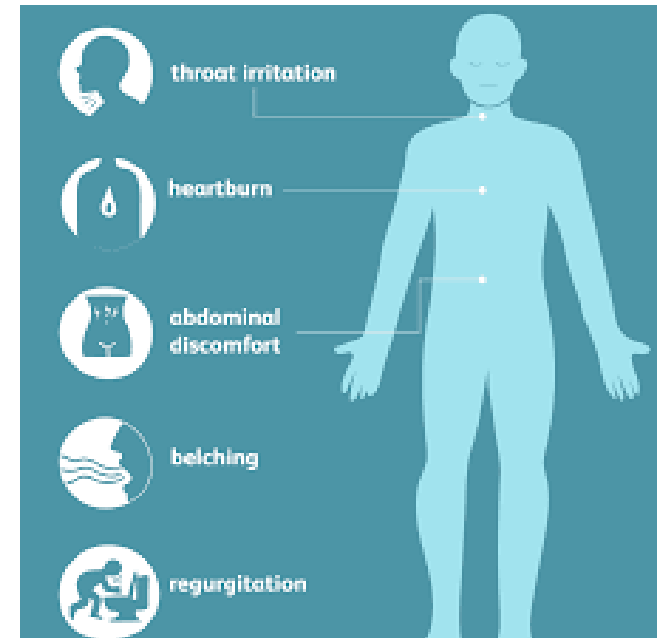
Type 1 - Axial Type

- 70-80% of cases
- GOJ & variable portion of stomach slides upward into mediastinum
- Loss of angle of His & incompetence cardiooesophageal junction



Axial Type

- C/ F & complications similar to GORD & reflux esophagitis
- Chronic blood loss
- Stricture formation
- Barrett's esophagus

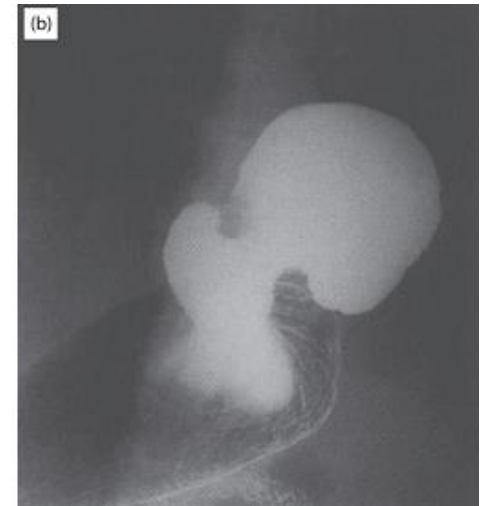
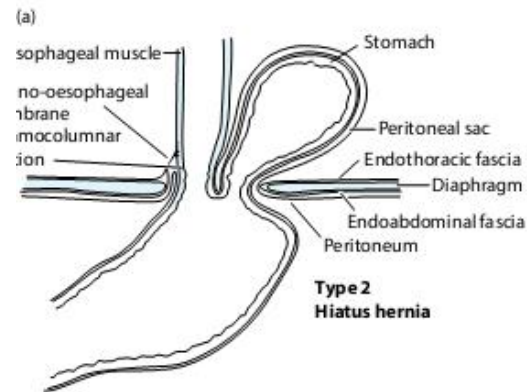


Axial Type Clinical Features

- May be asymptomatic
- GORD & esophagitis features
- Chronic blood loss but active bleeding rare
- Dysphagia due to stricture

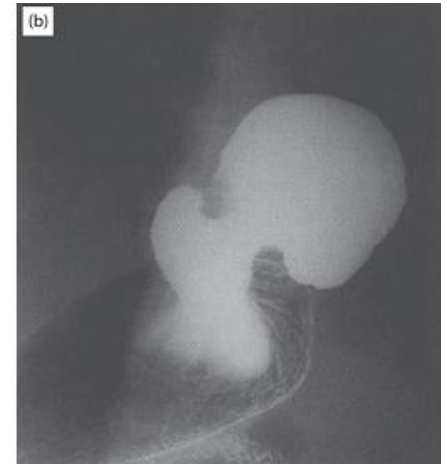
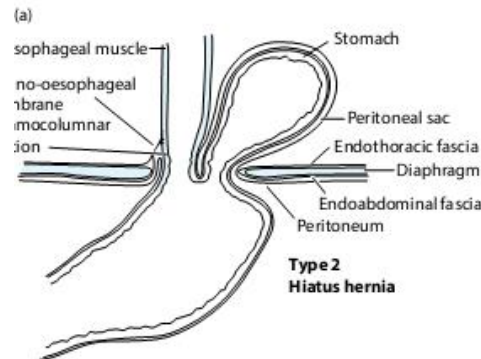
Paraesophageal Hernia

- 8-10%
- Elderly population
- Stomach rotates in front of esophagus & herniates through hiatus into mediastinum
- Cardioesophageal junction remains in abdomen so no reflux



Paraesophageal Hernia

- In large hernia entire stomach & pylorus may be found in chest & even may contain spleen & hepatic flexure
- Large prone to incarceration & strangulation
- Complete volvulus can happen
- Majority without complication can be reduced



Paraesophageal & mixed Type

- Features are due to pressure effects
- Reflux rare
- Pain , dyspnea, feeling of distension
- Dysphagia 20%
- 20% in acute cases
- upper GI bleed
- Strangulation
- Infarction
- Perforation
- Shock & retrosternal pain attack may be simulated by angina pectoris

Paraesophageal & mixed Type Acute Presentation

- 20 % presents with upper GI bleed, infarction, perforation
- CXR shows large gastric air bubble over heart
- Gastric infarction, perforation – high mortality

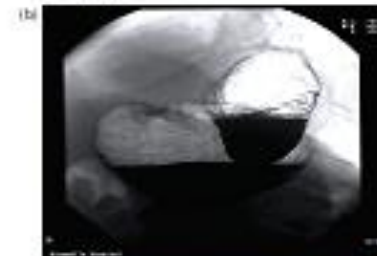


Figure 22-215 (continued) (a) Axial CT scan of the chest showing a large, rounded, air-filled structure (gastric bubble) located posteriorly, overlapping the heart shadow, characteristic of a paraesophageal hernia. (b) Axial CT scan of the chest showing a similar view to the first image, highlighting the large air-filled gastric bubble positioned behind the heart.

Management

- Clinical assessment & investigation very important
- Type 1,axial hernia- reduction & antireflux surgery
- Same for uncomplicated paraesophageal hernias
- Infarcted stomach needs resection

