47th ANNUAL INTERNATIONAL CONGRESS EHS 2025 JUNE 4-6 PARIS - FRANCE

Hiatal hernia

Costin Duțu, Ioana Florea, Bianca Chiru
Emergency Army Central Hospital, Royal Hospital, Bucharest

Total paraesophageal mesenteroaxial acute ischemic gastric volvulus with high digestive obstruction and cardiac compression –laparoscopic treatment

SATURDAY NIGHT FEVER

- 65 yo♀
- HTA II-III
- BMI 35
- bilateral hip prosthesis

8 AM epigastric pain and tenderness, retching without vomiting, dyspnea

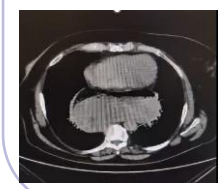
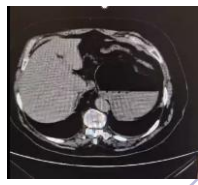
12 PM: E.R:
-inflammatory syndrome (leucocytosis -14k, elevated CRP);
-Hypocloraemia, troponine 2.5pg/ml;
-Cardiology: no confirmation of acute myocardial ischaemia;
-CT scan.

3 AM **Surgery phone rings, just at the end of another 4 hours emergency:**

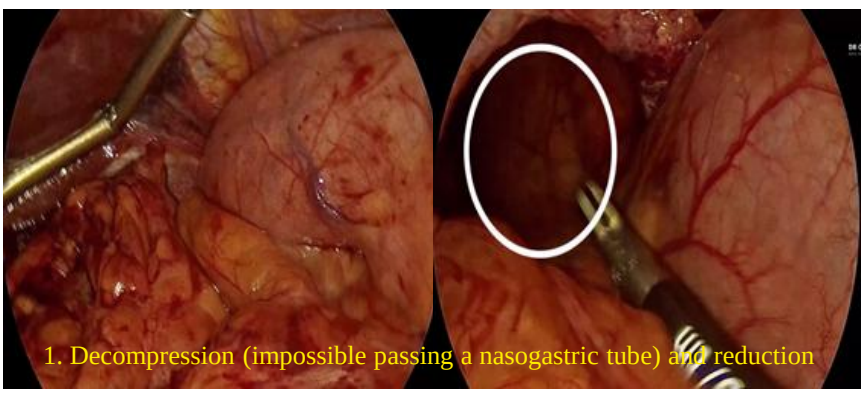
" You have a case of an acute gastric volvulus !"

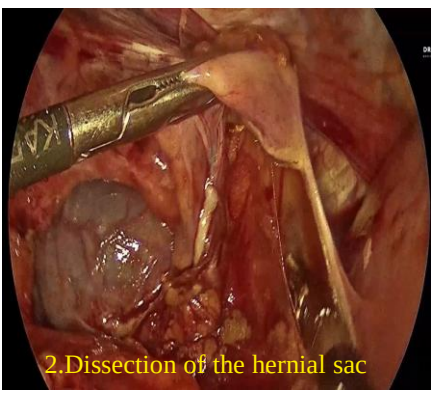
CT SCAN:

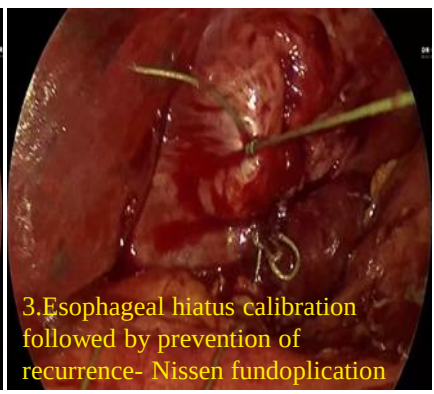
- Giant paraesophageal hernia (7.5/16/11 cm);
- Dilated stomach partial ascended in the mediastinum with horizontal gas-fluid level compressing :
- Left atrium;
- EGJ (abdominal position) with dilatation of the oesophagus (2.5 cm);
- Ascended pylorus, at the same level with EGJ

Laparoscopic diaphragmatic hernia repair (Nissen procedure)


1. Decompression (impossible passing a nasogastric tube) and reduction


2.Dissection of the hernial sac


3.Esophageal hiatus calibration followed by prevention of recurrence- Nissen fundoplication

TEHNICAL POINTS

- Surgeon's experience and comfort will choose the access, not the ego!
- Place the trocars high on the abdominal wall
- Keep the pneumoperitoneum pressure lower than normal (10-12 mmHg) to facilitate easy reduction of hernia contents
- First confirm the viability of the stomach; avoid excess traction (perforation!!)
- Reducing and reorienting the stomach;
- Dissect and excise the sac, as much as it's safe.
- Use caution when dissecting the right crus (herniated left gastric vessel!!!)
- Repair of the hiatal hernia with fixation of the stomach below the diaphragm