

POST-OPERATIVE LATER HERNIA AFTER ESOPHAGUECTOMY: A CLINICAL CASE REPORT.

L. Casaval Cornejo¹, D. Jorge Tejedor¹, M.D.M. Viana De Miguel¹,
I. Domínguez Arroyo¹, L. Polanco Pérez¹, L. Ferrando¹, M.Á.
Álvarez Rico¹.

¹*Surgery - Burgos (Spain)*

AIM:

Knowledge of an infrequent entity with high morbidity and mortality if urgent treatment is not performed.

MATERIAL & METHODS:

An 80-year-old male underwent a distal esophagectomy in July 2022 for adenocarcinoma (T2N0M0). The surgery was performed using a thoraco-laparoscopic approach. The postoperative course was uneventful; however, three months later, he was readmitted to our center due to vomiting, abdominal pain, and some degree of oral intolerance.

On the second day of admission, the patient developed sudden onset dyspnea and episodes of desaturation. A CT scan of the chest and abdomen was performed, which revealed: "Significant hiatal hernia containing fat, transverse colon, hepatic flexure of the colon, and loops of jejunum and ileum." Given this finding, urgent surgery was performed to repair the hernia defect.



RESULTS:

Post-esophagectomy Diaphragmatic Hernia is a rare entity with a low incidence, but it can have significant consequences if not recognized in a timely manner and appropriately treated. This condition refers to the herniation of abdominal viscera through the diaphragmatic hiatus as a result of a prior surgical intervention.

The treatment of choice is surgical and involves reducing the herniated contents back into the abdominal cavity and repairing the defect. Surgical time depends on the patient's condition, as most cases become urgent due to vital compromise. For diaphragmatic repair, primary closure and reinforcement with mesh (depending on the degree of infection) are preferred.

CONCLUSIONS:

- Urgent treatment is necessary, in most cases, surgical.
- A high level of suspicion is basic because of a high level of morbidity and mortality associated.