Commentary

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Diaphragmatic Hernia and Chest Pain

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Abstract

It's a case of chest pain in a patient with a history of ischemic heart disease. She present in emergency room an increase of pain with respiratory movement, conscious and good general condition. The chest X-ray has a suggestive image of hiatus hernia with a herniation of the stomach, is confirmed in the CT scan. Gastroscopy confirmed the diagnosis, and aspirated the gas from stomach. The patient remains asymptomatic, and without pain at 24 hours and at 6 months control.

Keywords: Congestive heart failure; Ischemic heart disease; Diaphragmatic Hernia

Diaphragmatic Hernia and Chest Pain

This is a 94-year-old patient with a history of ischemic heart disease and congestive heart failure, who is referred by her family doctor to the hospital for an epigastric pain with a 15-day chest irradiation [1,2]. The pain increases with inspiration and partially yields with paracetamol 650 mg orally. No cough, dyspnoea, orthopnea, heartburn, nausea or vomiting, or abdominal discomfort. Upon arrival to the emergency room, the patient is conscious, with good general condition and perfusion, resting and hemodynamically stable eupneic [3-5]. Clinical examination has arrhythmic cardiac sounds, no murmurs, and slight decrease in murmur vesicular. On the chest X-ray, there is a suggestive image of hiatus hernia **(Figures 1 and 2)**.

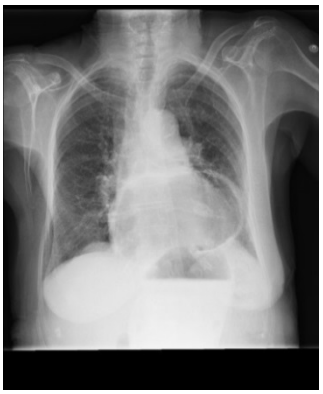

Figure 1: Chest radiograph posteroanterior showed a large air–liquid shadow in the inferior retrocardiac position.

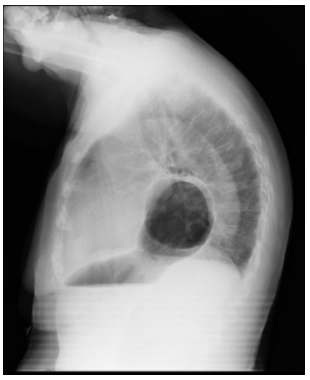

Figure 2: Chest radiograph lateral showed a large air–liquid shadow in the inferior retrocardiac position.

On abdominal radiography a herniation of the stomach with rotation to the thoracic cavity **(Figure 3)**, this is confirmed in the CT scan **(Figure 4)** [6-7].

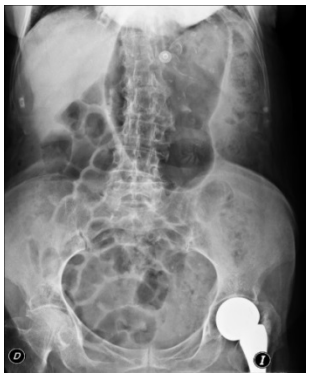

Figure 3: Abdominal radiograph posteroanterior showed a chamber gastric content in chest.

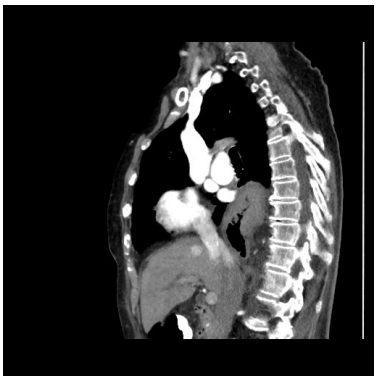

Figure 4: Sagittal section in computed axial tomography with large retrocardiac mass containing air and liquid.

These hernias are usually congenital in origin and can increase in size over time. Gastroscopy is performed confirming the diagnosis, allowing the aspiration of gas from the gastric chamber. The degree of displacement can produce obstructive symptoms of chest pain as occurred in this patient. The patient remains asymptomatic, and without pain so is discharged at 24 hrs. In chest X-ray of control at 6 months, remains part of the hernia and the patient remains stable and asymptomatic [8-10].

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