

Title:

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Bezoar in incarcerated and complicated hiatal hernia

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Dear Editor,

A 67-year-old female who had undergone Nissen fundoplication 20 years previously presented to the Emergency Room with abdominal pain of a three day duration, an inability to tolerate ingestion and vomiting with blood remnants. A hiatal hernia with large inner contents that collapsed the esophageal lumen was identified via an emergency abdominal computed tomography (CT) scan (Fig. 1A). Urgent surgery was performed to reduce the hernia sac (volvulated with ischemia and perforation in areas close to the fundus) and a gastric resection of the fundus, extracting two giant bezoars (Fig. 1B).

The postoperative period was followed by dehiscence of the suture and mediastinitis, which required an urgent re-intervention, with subsequent multi-organ failure and death.

Discussion

The existence of large bezoars within a hiatus hernia is an infrequent occurrence. The compression of the esophageal lumen explains the dysphagia that the patient presented. In this case, it was not possible to perform an oral endoscopy to check the viability of the mucosa or to extract the contents of the hernial sac. We conclude that

if a patient shows hemodynamic instability and there are signs of distress, intervention should not be delayed due to the risk of ischemia.

References

1. Ford PM, Turner MJ. Intrathoracic bezoar visible on chest radiograph. *Br J Radiol* 1984;57(682):929-32. DOI: 10.1259/0007-1285-57-682-929
2. Di Saverio S, Catena F, Coccolini F, et al. Bizarre behaviour, bizarre intruder and bizarre bowel obstruction. *BMJ Case Rep* 2010;2010. DOI: 10.1136/bcr.11.2009.2486
3. Díez Ares JÁ, Peris Tomás N, Estellés Vidagany N, et al. Gastric necrosis secondary to strangulated giant paraesophic hiatal hernia. *Rev Esp Enferm Dig* 2016;108(8):498-500.
4. Gonzalo MA, Almeida H, Güemes A. Hiatal herniation following total gastrectomy. *Rev Esp Enferm Dig* 2016;108(4):234. DOI: 10.17235/reed.2016.4009/2015

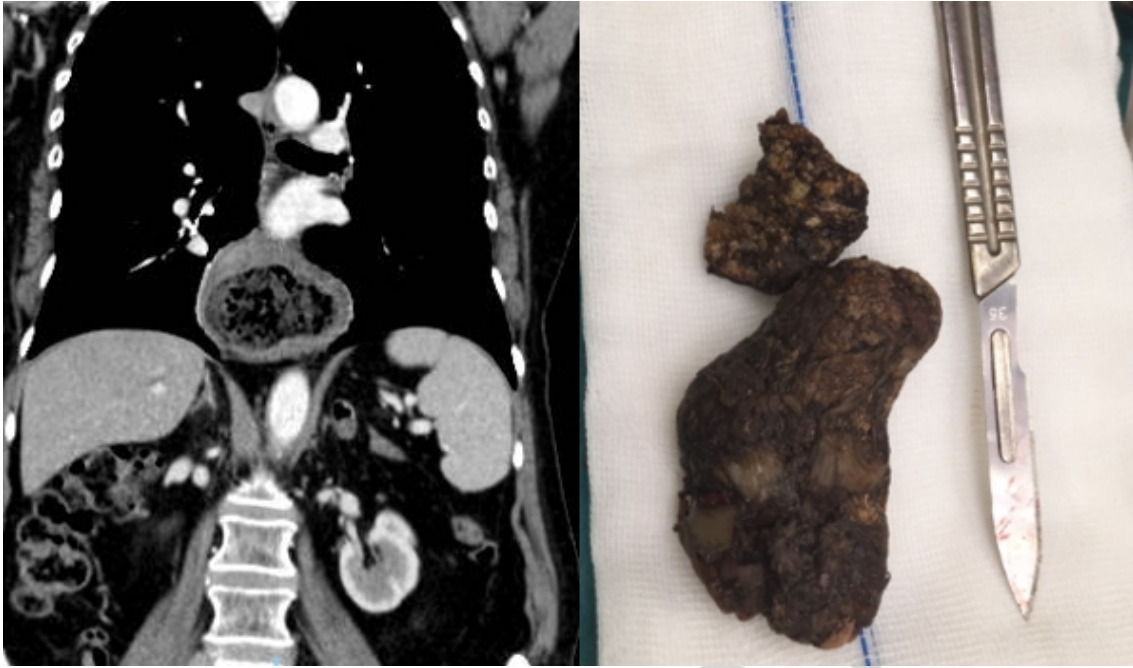


Fig. 1. A. CT showing a bezoar in large hiatus hernia. B. The bezoar extracted after resection.

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