Hiatal hernia involving pancreas body: An unusual finding

Hernia do hiato com envolvimento do pancreas: uma situação pouco frequente

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Type IV paraesophageal hiatal hernia (PEHH) is characterized by a large defect in the diaphragmatic hiatus that allows other organs, besides stomach, such as the colon, pancreas, spleen, or small intestine to herniate into the thorax.1 Herniation of the pancreas through a gastroesophageal hiatus is a rare condition, and only a few cases have been reported in the literature. We describe the case of a patient with herniation of the pancreatic body.

A 79-year-old woman was referred to our department complaining of postprandial epigastric pain often radiating to the back, associated to early satiety, nausea and heartburn. She had a passed medical history of arterial hypertension and dyslipidemia. Aside from mild epigastric and left hipocondrial tenderness on abdominal examination, her physical examination was normal. Upper gastrointestinal endoscopy and barium contrast study showed a bulky hiatal hernia (Fig. 1). No significative changes were seen on laboratorial or ultrasonic investigation, although pancreas could not be properly visualized due to intense aerocolia. The research proceeded with an abdominal CT which

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in the diaphragm was repaired. Recovery was uneventful and 
the patient became symptoms-free.

Four types of hernias have been described in the liter-
ature. Type I, also called sliding hernias, account for up 
to 95% of all hiatal hernias and occur when the GE junc-
tion migrates into the posterior mediastinum through the 
hiatus. Type II occurs when the fundus herniates along-
side the esophagus through the hiatus, remaining the GE 
junction normally positioned. Type III is a combina-
tion of types I and II hernias with a displaced GE junction as 
well as stomach protruding through the hiatus into the 
 thorax Type IV paraesophageal hernias are very rare, rep-
resenting 5–7% of all PEHH and result from a combination 
of increased intra-abdominal pressure and a large hiatal 
defect. The colon, particularly the splenic flexure, is the 
most common organ that follows the stomach into the 
 chest. Other common organs include loops of the small 
 bowel and omentum. It is extraordinarily rare for the pan-
creas to herniate in paraesophageal hernias.2 Patients may 
be asymptomatic or present any of the typical or atypical 
symptoms seen in the other three hernia types.3 Sym-
ptomatic PEHH in operable patients should be repaired. 
The underlying surgical principles for successful repair 
include reduction of hernia contents, removal of the her-
nia sac, closure of the hiatal defect, and an antireflux 
procedure.4
Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this investigation.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data and that all the patients included in the study received sufficient information and gave their written informed consent to participate in the study.

Right to privacy and informed consent. The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

Conflicts of interest

The authors have no conflicts of interest to declare.

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