Abstract

Background: Paraesophageal hernias are rare and, when associated with symptoms, the risk of complications increases, becoming a surgical emergency. Clinical case: We report a case of a 53 year-old female with 3 weeks of clinical evolution including abdominal pain, nausea and occasional vomiting; 24 h prior to admission she presented intestinal occlusion. Radiographic and tomographic findings showed a paraesophageal hernia, requiring exploratory laparotomy, which demonstrated a 9 cm paraesophageal diaphragmatic defect with a hernia sac containing transverse colon, omentum, fundus and body of the stomach (this last one presented ~60% of necrosis), performing nonanatomic gastrectomy and simple diaphragmatic reconstruction. The patient had a complicated postoperative period requiring two additional surgeries attempting to correct gastrectomy dehiscence and ending with a third procedure for cervical esophagostomy and Witzel jejunostomy. Conclusions: Elective repair is recommended in all patients with asymptomatic paraesophageal hernia in order to avoid possible complications. The approach method is dependent on the surgeon’s experience and the conditions of the hernia and involved structures at the time of diagnosis.

Keywords

Esophageal hernia, paraesophageal hiatal hernia.