Case report

Gastric Volvulus and Splenic Haematoma in a Paraoesophageal Hernia

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Case Report

A 70 year old gentleman presented with features of gastric outlet obstruction. He had recently been investigated for upper GI symptoms and a barium meal had revealed a large paraoesophageal hernia. He had positive gastric splash. Endoscopy confirmed the presence of a hiatus hernia with associated gastric volvulus. He underwent exploratory laparotomy and was found to have a large paraoesophageal hernial sac containing most of the stomach, part of the omentum and the spleen. There was organoaxial volvulus of the stomach and a large subcapsular splenic haematoma. Splenectomy with repair of the hernia and gastropexy was performed after reducing the contents and excising the sac. He recovered well and was discharged on the eleventh postoperative day.

Discussion

Paraoesophageal hernia is rare, accounting for 5 - 10% of all hiatus hernias[1,2,3]. Patients may be completely asymptomatic, but they can present with life threatening complications[2,5]. If left untreated, the rate of severe complications is approximately 30%, with a high morbidity and mortality[2,4,5]. A variety of complications may occur such as anaemia, gastric and oesophageal ulceration, decreased pulmonary function, gastric volvulus, intrathoracic incarceration and perforation of the stomach. Our unique case not only involved gastric volvulus but also a splenic haematoma. We presume that the spleen was pulled into the hernial sac with the volvulus and the rupture plus haematoma occurred secondary to vomiting. This was a very unusual and life threatening presentation. This case illustrates the potential for life threatening complications of paraoesophageal hernias and also supports the current view that elective repair should be performed wherever possible, as asymptomatic hernias generally can be repaired with minimum morbidity in stable patients[2,6,7]. A more difficult situation is encountered in the elderly, frail patient or the patient with other serious comorbid disease whose hernia is diagnosed incidentally on a chest radiograph, endoscopy or barium studies. For these patients, there are no compelling data indicating whether observation or surgical intervention is more appropriate. Obviously, experienced clinical judgment must be used to decide appropriate management in each case.

References

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