

## Introduction

- Hiatal hernias (HH) affect anywhere from 10 to 50% of the adult population.
- Large and symptomatic hernias are often corrected surgically.
- Association of pancreatic injury with HH repair is rare.
- A PubMed search using the keywords “hiatal hernia + pancreas” yielded only 15 results.
- Here, we present a rare complication of hiatal hernia repair resulting in pancreatic injury and leak.

## Case Description

- A 58-year-old female with hypertension, acid reflux, and a type III paraesophageal hernia presented to General Surgery clinic for evaluation of dysphagia, belching, and bloating for several months.
- For a large symptomatic hiatal hernia (Figure 1), she underwent laparoscopic Nissen fundoplication.
- On post operative day (POD) 2, she developed hypoxia requiring intubation.
- CT chest demonstrated a large left pleural effusion extending across the midline of the abdomen with mass effect causing multifocal atelectasis.
- On POD 9, WBC count increased to 19.6 K/uL and she had intermittent fevers with a temperature of 38.8C.
- A left pigtail catheter was placed for the pleural effusion; amylase of the pleural fluid was elevated to 4,544 U/L.



Figure 1A-B: CT A/P demonstrating a large hiatal hernia.

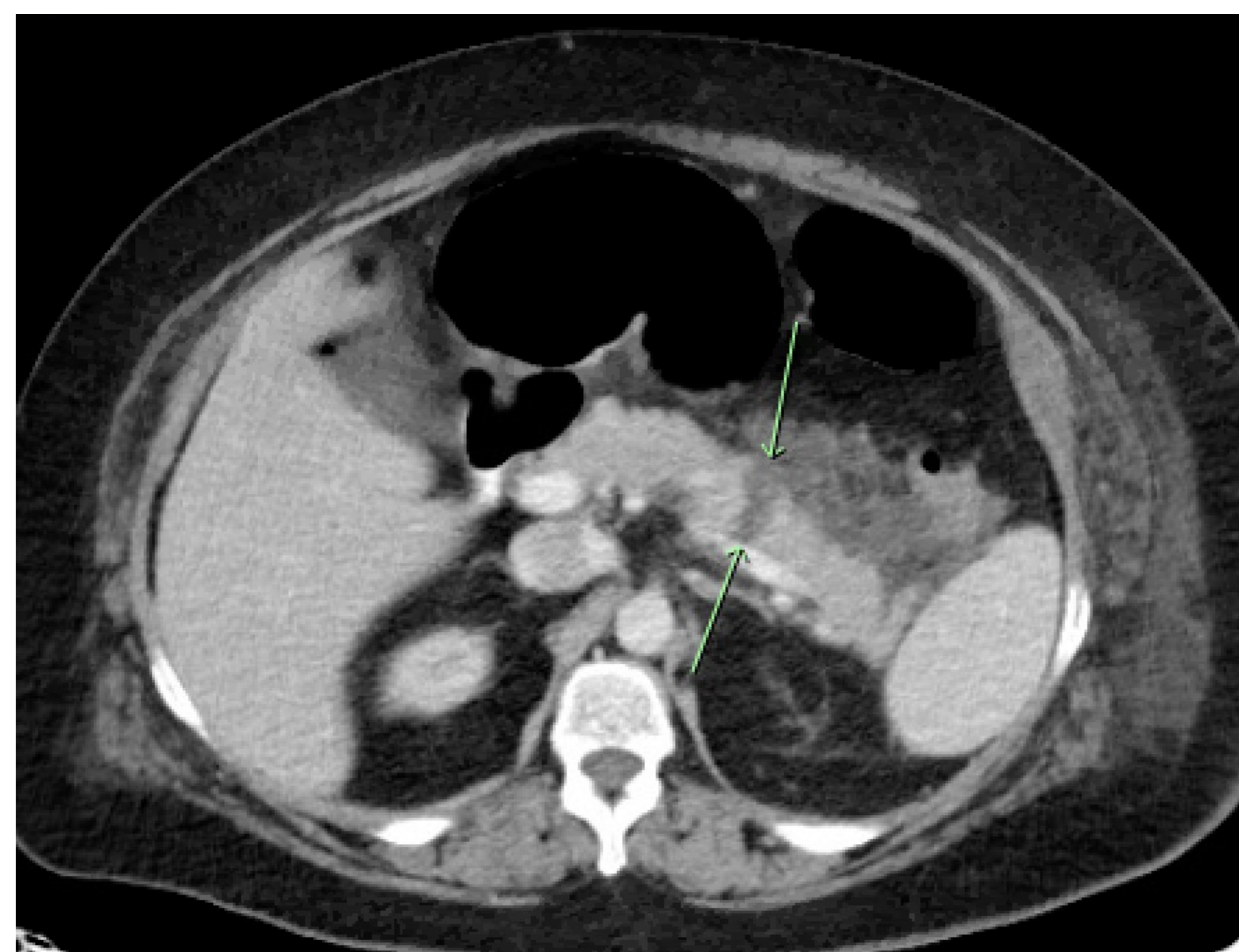


Figure 2: CT C/A/P demonstrating peripancreatic stranding and fluid with a hypodense band within the pancreas concerning for focal injury and pancreatic leak.

## Case Description cont.

- Repeat CT C/A/P showed peripancreatic stranding and fluid with a hypodense band within the pancreas concerning for focal injury and pancreatic leak (Figure 2).
- ERCP showed no brisk contrast extravasation, but due to a high clinical suspicion for pancreatic leak, sphincterotomy was performed and a flanged pancreatic duct stent was placed.
- Percutaneous drainage along with endoscopic pancreatic duct stent placement decreased the size of fluid collections and helped with the symptoms.

## Discussion

- Laparoscopic repair remains the treatment of choice for symptomatic hiatal hernias and is generally well-tolerated.
- Pancreatic injury and leak are rare complications associated with large hernia repairs.
- Gastroenterologists need to be aware of such presentations while following these patients during post operative period.

## References

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