

HIATAL HERNIA-INDUCED NON-ST ELEVATION MYOCARDIAL INFARCTION (NSTEMI): A UNIQUE COMPLICATION OF HIATAL HERNIA

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INTRODUCTION

- Hiatal Hernia (HH) is characterized by the displacement of abdominal viscera into the mediastinum.
- It is usually an incidental finding on imaging or endoscopy, but may present with non-specific clinical signs and symptoms, often linked to gastroesophageal reflux disease (GERD).
- Some patients may develop cardiac complications secondary to the direct compressive effects of a large HH.
- We describe a unique case of HH leading to Non-ST Elevation Myocardial Infarction (NETMI) in an elderly female.

CASE DESCRIPTION

- A 90-year-old female with a past medical history of GERD presented to the ED for worsening nausea, vomiting, and epigastric abdominal pain for 3 days.
- Abdominal pain was sharp, severe, non-radiating, and associated with vomiting consisting undigested food particles without blood.
- Abdominal pain 30 minutes after oral intake and on lying down shortly after meals.
- Admitted to increasing use of over-the-counter antacids for symptomatic relief of her GERD.
- No history of prior abdominal surgeries reported.
- On clinical evaluation, she was hemodynamically stable.
- Abdominal examination elicited mild tenderness in the epigastric region.

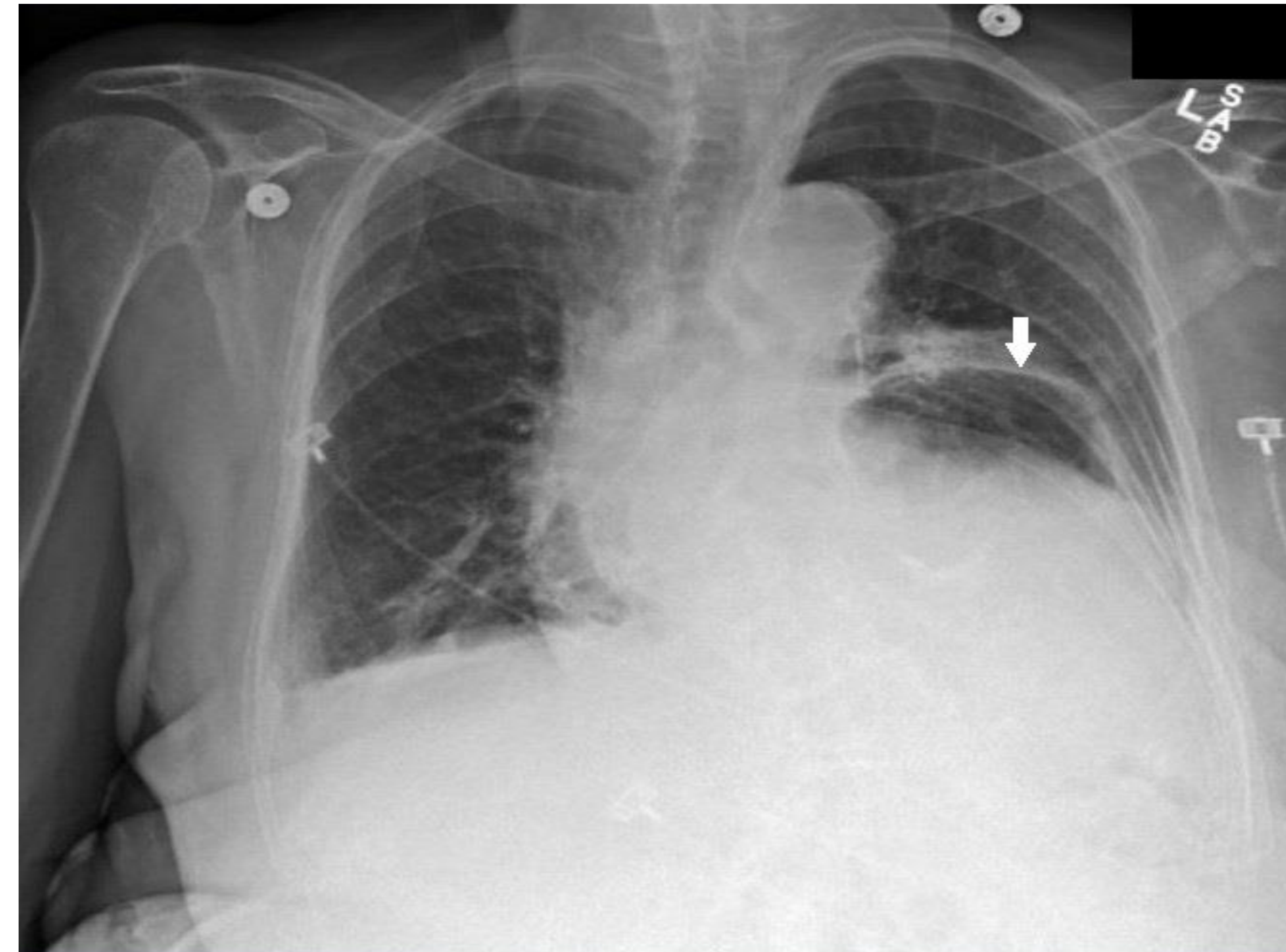


Figure 1: Chest X-ray obtained in the ED demonstrating a large Hiatal Hernia.

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CASE DESCRIPTION

- Laboratory investigations revealed an elevated troponin level of 0.721 ng/mL.
- EKG demonstrated new T-wave inversions in leads V5 and V6.
- Patient given aspirin, atorvastatin, ticagrelor, metoprolol, pantoprazole and started on a heparin infusion.
- Cardiology consulted and a diagnosis of HH-induced NSTEMI was established.
- Nasogastric tube (NGT) inserted for decompression which led to a downtrend in troponin levels.
- Cardiology and cardiothoracic surgery deemed her to be a poor candidate for cardiac catheterization and HH repair by due to advanced age.
- Symptoms improved and she was discharged home on guideline-directed medical therapy, and outpatient cardiology and gastroenterology follow-up.

DISCUSSION

- We describe a rare case of HH-induced NSTEMI.
- Per the American College of Cardiology guidelines, these patients should be given aspirin, ticagrelor, metoprolol, and heparin.
- Decompression via NGT may result in decreased cardiac compression by the large HH.
- In select patients, HH repair may be viable treatment to treat the underlying cause and prevent further episodes.