

# Gastric Outlet Obstruction due to a Large Paraesophageal Hernia: An Uncommon Etiology with Fatal Consequences

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## Introduction

- Paraesophageal hernias are known to be relatively benign and asymptomatic and account for 5% of all hiatal hernias. Patients often present with vague abdominal symptoms such as GERD, nausea, vomiting, postprandial pain, dysphagia and in severe cases hematemesis.
- Complications with paraesophageal hernias include gastric mucosal necrosis, perforations, strangulation, erosive ulcers and gastric volvulus.
- We present a case of an 84 year old female with a large paraesophageal hernia causing gastric outlet obstruction ultimately requiring surgery.

## Case Description

- This is a 84 year old female with a known history of having CKD, IDA, paraesophageal hernia and GERD
- Chief Complaint: post prandial nausea, vomiting, and early satiety,
- CT abdomen and pelvis revealed a gastric outlet obstruction with a partial organoaxial volvulus involving the gastric antrum associated with a paraesophageal hernia.
- NGT Tube placed for decompression
- On endoscopy a large paraesophageal hernia was seen with mesenteroaxial rotation within the entirety of the distal stomach, antrum and duodenum entrapped within the paraesophageal hernia with no signs of ischemia, however, attempts to reduce the hernia endoscopically was unsuccessful.



Figure A:  
CT imaging of Gastric outlet obstruction:

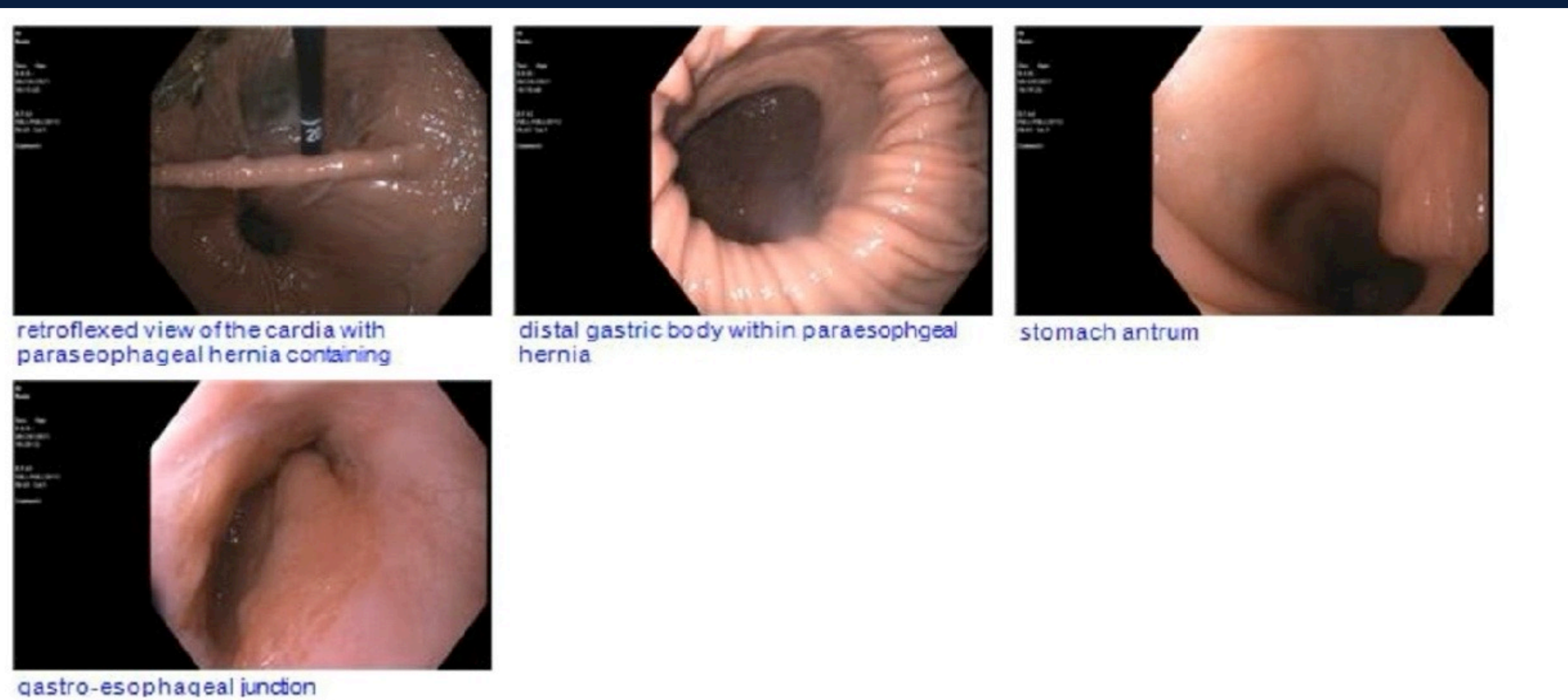


Figure B: Paraesophageal Hernia Causing mesenteric rotation

## Case Continued

- Patient went to tertiary hospital and underwent an urgent laparotomy which revealed a Type 3 paraesophageal hernia with an incarcerated stomach.
- The hernia was easily reduced and removed and a GORE bio mesh was placed- symptoms were reduced
- Plan to repeat endoscopy in 12 months

## Discussion

- Gastroenterologists should be aware of life threatening complications associated with paraesophageal hernias as early misdiagnosis can be life threatening.
- Our case highlights the diagnostic challenge seen with paraesophageal hernias and once confirmed with the correct diagnosis, requires immediate treatment.
- **Treatment options include decompression with endoscopy and/or emergent surgery with reduction or hernia repair.**
- Symptomatic paraesophageal hernias can present in the elderly, and although a rare entity, can have a high mortality (40%-50%).

## References

- Duplan P, Choudhry H, Memon M, et al. (April 28, 2022) Severe Gastric Mucosal Necrosis Due to Giant Paraesophageal Hernia. Cureus 14(4): e24564. doi:10.7759/cureus.24564
- Tong, Michelle C. MD; Gluckman, Craig MD; Oikonomou, Ioannis MD. A Case of Massive Hematemesis from a Paraesophageal Hernia Containing Stomach, Bowel, and Pancreas: 1674. American Journal of Gastroenterology: October 2016 - Volume 111 - Issue - p S795-S796