Strangulated giant right-sided paraesophageal hernia

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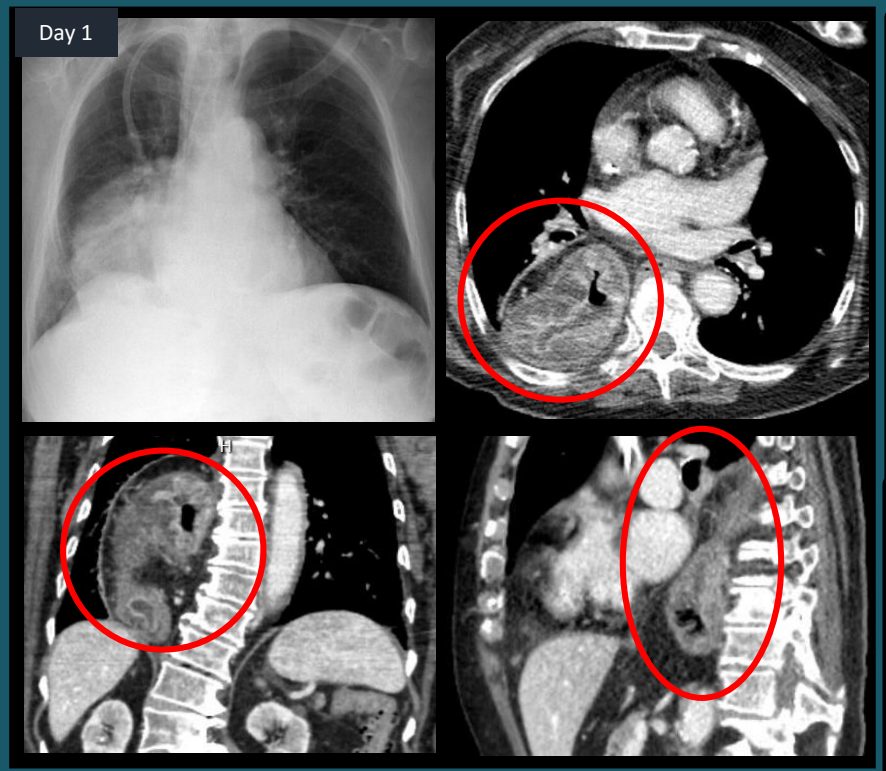
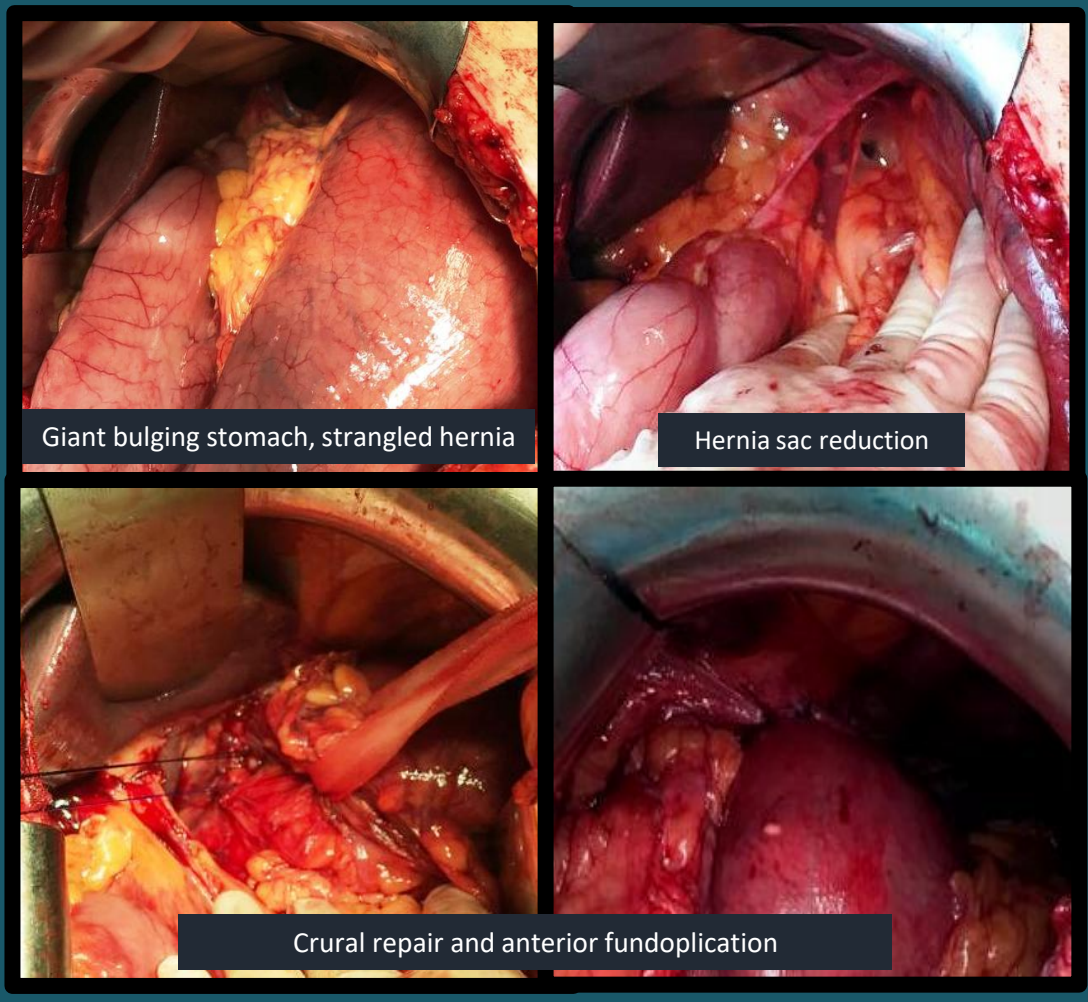
Introduction: Paraesophageal hernias (PEH) account for 5%–10% of diaphragmatic hernias. Their occurrence and size increases with age. The displacement of the hernia into the right side of the thoracic cavity is rare. If symptomatic they present with nonspecific symptoms, including epigastric or chest pain, nausea, anemia, gastroesophagic reflux or dyspnea. PHE should be surgically corrected whenever possible avoiding the risk of incarceration, strangulation, volvulus, ischemia, gangrene and perforation - potentially life-threatening complications requiring emergent surgical repair, with an associated mortality rate of 5%.

Aim: Case report of a misdiagnosed and incarcerated giant right-sided PHE, a rare variant.

86 year-old female

- Medical history including hypertension, diabetes *mellitus,* chronic renal failure on hemodialysis and a known large PEH
- Admitted in the emergency department due to acute epigastric pain, fever, hypotension
- white cell count of 18.0x10$_3$/L
- aeroportia in ultrasound
- CT-angio: giant right-sided diaphragmatic hernia; mesenteric ischemia ruled out
- Dialysis catheter related sepsis first considered as the most likely diagnosis / patient was admitted in the medical ward for treatment
- Surgical consultation requested 3 days later due to epigastric pain worsening
- Laparotomy was performed. A giant strangulated right-sided PHE was found.





Discussion: Paraesophageal hernias have a low rate of acute presentations. These occur most commonly in patients with advanced age and multi-comorbidities, which may disguise potentially life-threatening conditions and diagnosis requires a high degree of clinical suspicion. Hernia displacement into the right side of the thoracic cavity is rare.
Patient was discharged 5 days after surgery. Asymptomatic at follow up.