A MASSIVE PARA-ESOPHAGEAL HERNIA:
AN UNUSUAL CAUSE OF TENSION PHYSIOLOGY LEADING TO CARDIAC ARREST

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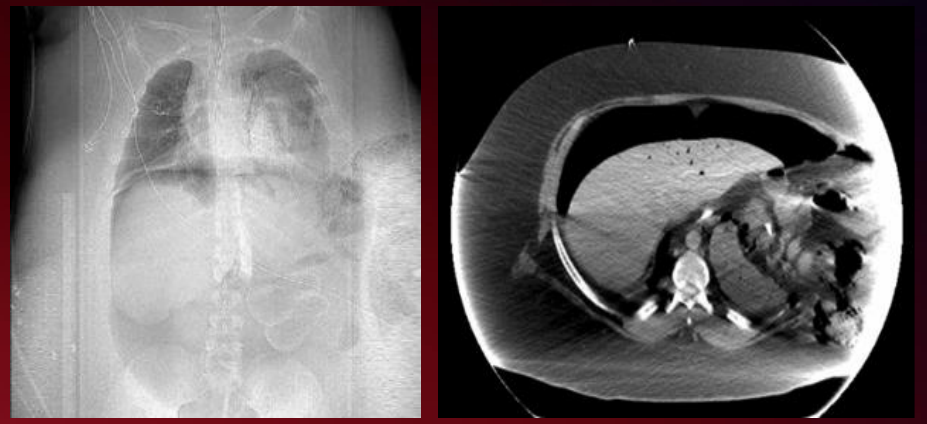
PATIENT

A 28-year-old man with history of super morbid obesity and Type IV para-esophageal hernia experienced cardiac arrest following incarceration and strangulation of his hernia sac. He required emergency surgery including an exploratory laparotomy and thoracotomy, with splenectomy, omentectomy and partial gastrectomy.

He was subsequently transferred to our institution restore intestinal continuity. Continuity was established with a retrocolic Roux-en-Y reconstruction with a 90 cm Roux limb.

Despite significant soft tissue necrosis, he eventually recovered and was able to be transferred back to pursue rehabilitation closer to his home in a rural community.



CT Abdomen and Pelvis demonstrating hernias

Intra-operative photographs of soft-tissue debridement

DISCUSSION

Type IV paraesophageal hernias (PEH) are the rarest type, characterized by the herniation of a structure other than the stomach into the chest. The most common organ is the transverse colon, but pancreas, small intestine, and spleen are also described.

The clinical diagnosis of these hernias can be challenging due to a wide range of complaints. Due to the possibility of volvulus, perforation or incarceration, these patients can present in extremis. If the PEH is detected early, elective surgical repair is recommended as emergent intervention is associated with acute organ failure and a reported mortality rate of 50-56%.

Both laparoscopic and open approaches have been described and should be based on individual patient factors and acuity.

Due to the anatomy of his hernia, a combined thoracic and abdominal approach was necessary to fully reduce the intra-thoracic organs and resect the ischemic tissue.