

Original Images

“Intracardiac Air-Fluid Level As Superposition: A Hiatal Hernia

“Hiyatal herni süperpozisyonu nedeniyle intrakardiyak hava-sıvı seviyesi görünümü”

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Intracardiac Air-Fluid Level as Superposition: a “Hiatal Hernia”

A 89-year-old woman was admitted to our hospital complaining of abdominal pain lasting for about 2 months. She had history of worsening abdominal pain especially after eating in the last 3 years. She was not a smoker.

On physical examination, blood pressure was 150/70 mmHg and pulse rate was 78 beats/min. She had kyphoscoliosis. On auscultation; lung sounds were diminished in the left basal lung field. A systolic bruit

(3/6°) was heard maximal in the aortic and mitral valvular area and this sound spreaded through the axillary area to the cervical area. The bowel auscultatory sounds were hyperkinetic. The rest of the physical examination was normal.

The chest radiography showed air-fluid level that was superposed over the heart area. Laboratory findings were within normal ranges. The electrocardiography was normal. In echocardiography; the ejection fraction of the heart was measured as 60 %. There was a grade I diastolic dysfunction and mild left ventricular hypertrophy. Calcified aortic valvular stenosis and grade

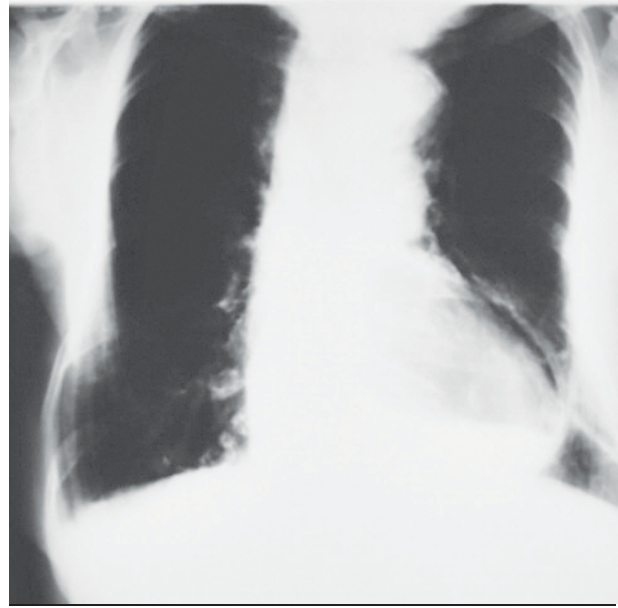


Figure1: Chest radiography showing air-fluid level that was superposed over the heart area

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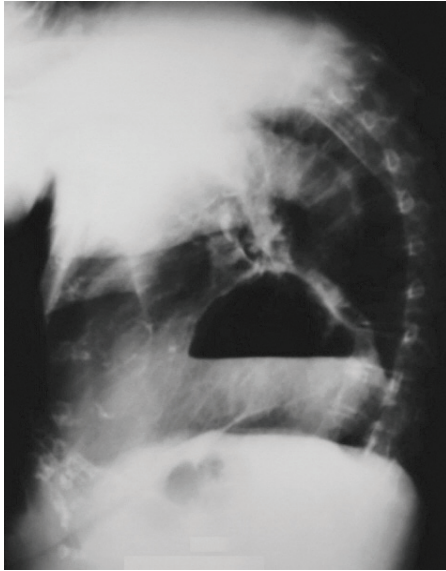


Figure 2: Lateral chest radiography.



Figure 3: Esophagogastroduodenography showing a large sliding hiatal hernia in the left hemithorax

If aortic valvular failure were also detected. Esophagogastroduodenography revealed the diagnosis of a large sliding hiatal hernia in the left hemithorax (Figure 3).

Hiatal hernia is a herniation of a part of the stomach into the thoracic cavity through the esophageal hiatus in the diaphragm. Sliding hiatal hernia is one in which the gastroesophageal junction and fundus of the stomach slide upwards. Hiatal hernias usually appear later in life and may be secondary to esophageal contraction from reflux-induced injury, increased intra-abdominal pressure, or chronic intra-abdominal trauma due to obesity or lifting heavy weights. Their incidence increases with age; in the sixth decade of life the prevalence of such hernias is around 60 percent (1).

REFERENCES

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