Clinical Image

Hydropneumomediastinum Secondary to Gastric Volvulus Perforation in a Patient With Giant Hiatal Hernia

Hidroneumomediastino secundario a perforación de vólvulo gástrico en paciente con hernia de hiato gigante

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Pneumomediastinum is a rare entity. Among the most common causes are trauma and iatrogenesis, but multiple etiologies have been described for this condition, including diabetic ketoacidosis, gastric or esophageal perforation, pneumonia, lung cancer, cocaine use, etc. and even some spontaneous cases.1,2

We report the case of a 96-year-old woman with a history of high blood pressure and hiatal hernia who presented with severe epigastric pain and coffee ground vomiting of 6 h duration. On physical examination, abdominal distention and epigastric tenderness were observed. Chest radiography revealed a gastric chamber distended into the chest cavity and pneumomediastinum. Thoracoabdominal CT (Fig. 1) showed gastric chamber distention at a thoracic level with gastroesophageal and gastroduodenal junction above the esophageal hiatus, accompanied by air and fluid collections in the mediastinum, along with subcutaneous emphysema. These findings were consistent with gastric perforation secondary to volvulus in a patient with giant hiatal hernia. Due to the advanced age of the patient, surgery was ruled out, and she died a few hours after admission.

References


Fig. 1.