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Critical ischemic colitis secondary to incarcerated oesophageal hiatus hernia

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DESCRIPTION

A 78-year-old female presented with severe anaemia and melena. She had a history of impending intestinal obstruction of unknown cause 2 months before admission. An upper gastrointestinal (GI) series confirmed the diagnosis of severe paraesophageal hiatus hernia, demonstrating the stomach and duodenum above the diaphragm (figure 1A), but no bleeding nor obstruction was found in the upper GI tract. Barium enema and colonoscopy revealed severe stenosis of the transverse colon but no evidence of malignancy (figure 1B). Angiography showed no abnormality.

The patient underwent surgical exploration, revealing a 7 cm-sized mass in the transverse colon located close to the large oesophageal hiatus, which suggested the cause of the lesion to be impending hiatal incarceration of the

transverse colon. Dor's fundoplication and partial resection of the transverse colon were performed. A histological finding showed severe wall thickening with simple ulcer without any malignancy. The patient recovered uneventfully and there have been no signs of recurrence of GI bleeding.

Paraesophageal hiatus hernia is the rare and dangerous form of hiatus hernia comprising 3.5–5% of hiatus hernia.¹ Presenting symptoms are generally related to incarceration or strangulation; mostly the upper GI tract may be affected.^{1–3} We describe herein an unusual case of critical ischemic colitis concomitant with massive bleeding and impending obstruction, which resulted from chronic incarceration of the transverse colon into paraesophageal hernia. This case showed us the diversity in digestive tract bleeding and intestinal obstruction, and the

Figure 1 (A) An upper gastrointestinal series showed a severe paraesophageal hiatus hernia, demonstrating the stomach and duodenum above the diaphragm. (B) Barium enema revealed severe stenosis of the transverse colon (arrow), although no evidence of malignancy was confirmed by colonoscopy.

importance of making a careful differential diagnosis and early treatment to avoid critical complications have been well emphasized.

Competing interests None.

Patient consent Obtained.

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