

Images in Clinical Medicine

Hiatus Hernia Mimicking Cardiac Tamponade

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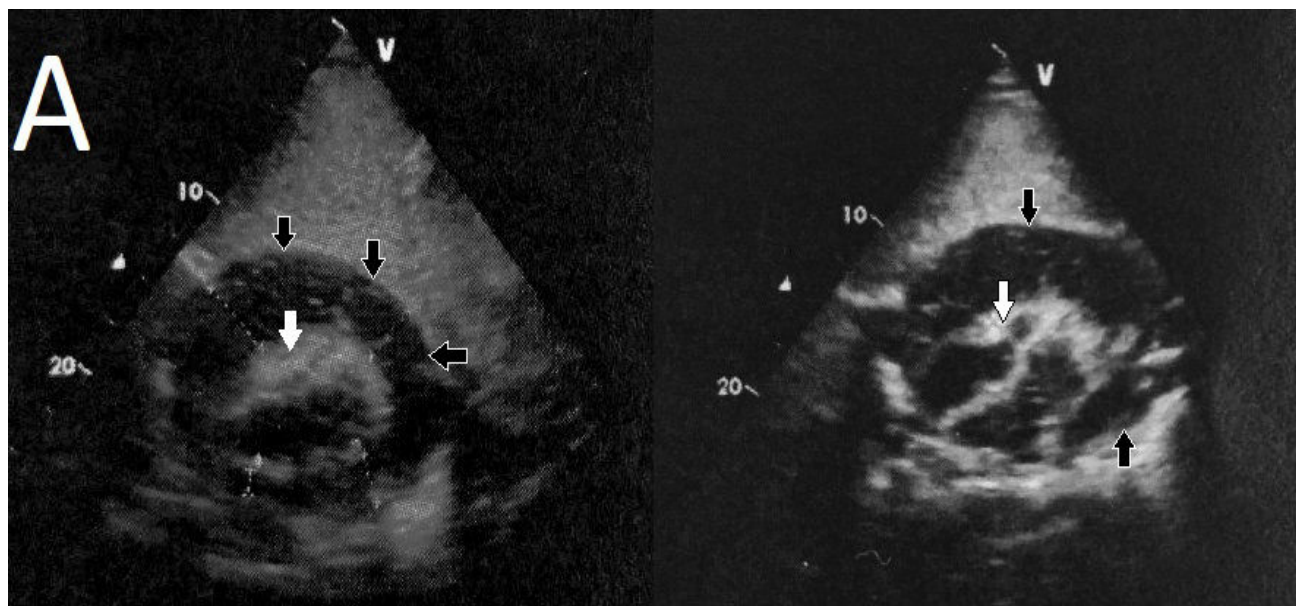
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A 50-year-old man, with a recent NSTEMI, got admitted with 9-day history of heartburn, cough and worsening breathlessness, especially in supine posture. On examination, he was tachycardic (116/min) and hypotensive (98/55 mmHg), had raised JVP with rapid y-descent, generalized edema, soft heart sounds and bilateral pleural effusion. An urgent bedside echocardiography suggested “large circumferential pericardial effusion with pericardial thickening, with right-ventricular mid free wall collapse (cardiac tamponade)” [Panel A]. However, the chest x-ray postero-anterior and left-lateral

views showed a retrocardiac opacity with air-fluid level, with absence of gastric bubble [Panel B], suggesting sliding (type I) hiatus hernia. A CT-scan of thorax and abdomen revealed tension gastrothorax [Panel C]. Nasogastric tube was inserted for gastric decompression, and urgent surgery was planned. However, patient’s condition deteriorated very rapidly and he succumbed to his condition about 8-hours after admission. Rarely, hiatus hernia can cause extrapericardial tamponade and mimic cardiac tamponade in point-of-care echocardiography.



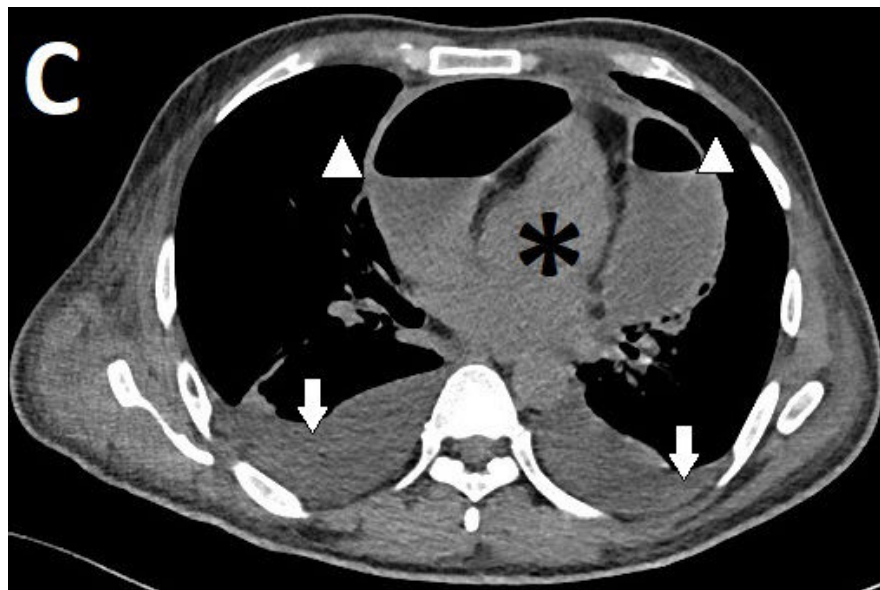
Panel A: 2D-Echocardiography showing large circumferential pericardial effusion (black arrows) with pericardial thickening, with right-ventricular mid free wall collapse (white arrows).

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Panel B: Chest x-ray postero-anterior and left-lateral views showed a retrocardiac opacity with air-fluid level, with absence of gastric bubble, and bilateral pleural effusion.



Panel C: CT-scan of thorax revealed tension gastrothorax (white arrow-heads) surrounding the heart (*) with displacement of heart to left hemithorax, and bilateral pleural effusion (white arrows).