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IMAGES IN EMERGENCY MEDICINE

Oesophageal dilatation due to a paraoesophageal hernia and gastric volvulus as a cause of stridor

Daniel J Reardon, Angela Freschini, Magnus Harrison, Christopher Coulson, Lakshman L Nangalia

An elderly woman presented in shock with audible stridor, respiratory distress, and a large air filled mass palpable either side of the thyroid cartilage in the anterior triangle of the neck and supraclavicular regions. A large paraoesophageal hernia with massive oesophageal dilatation was confirmed by a chest radiograph (fig 1). Further examination revealed the air filled sack was covering the glottis extending from the posterior pharyngeal wall. Intra-oral manual posterior displacement/compression of the air filled mass revealed grade 1 intubating conditions. A laparoscopic repair of a paraoesophageal hernia and gastric volvulus was performed as an emergency, with further surgery

Figure 1 Large paraoesophageal hernia with massive oesophageal dilatation.

to decompress a massively dilated oesophagus filled with inspissated compacted food stuff.

Respiratory distress has been reported in an adult due to a large paraoesophageal hernia,¹ but this case highlights an interesting cause of stridor, previously not reported in the literature, with the appropriate emergency management.

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