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Congenital mixed hiatus hernia in a neonate

A 36 hour old female infant born after an uneventful pregnancy and labour presented with a history of vomiting fresh blood after each breast feed. Examination revealed a small for dates, dehydrated, and jaundiced infant. Initial investigations revealed polycythaemia, thrombocytopenia, and raised serum creatinine. Coagulation, infection, and metabolic screens were unremarkable. A renal ultrasound scan excluded renal vein thrombosis. She was managed with additional vitamin K, oral antacids, and discontinuation of enteral feeds. Feeds were resumed on day 4 with no recurrence of vomiting or bleeding. On day 10, she presented again with a further episode of haematemesis. Barium study revealed the presence of sliding and paraoesophageal hiatus hernia (mixed type) with severe reflux disease without any evidence of gastric volvulus (fig 1). The patient was started again on maximum anti-reflux drugs, screened for possible associated anomalies, and referred for surgical opinion.

Congenital mixed hiatus hernia is a rare entity in neonates.^{1,2} It manifests with non-specific reflux symptoms or with life threatening complications from the intrathoracic stomach,² but can also be asymptomatic. Contrast swallow is diagnostic, but initial suspicion may arise on chest x ray examination.³ Once the diagnosis is established, prompt surgical repair is mandatory to avoid potentially lethal complications, such as gastric volvulus and perforation.

Congenital mixed hiatus hernia, although rare during the neonatal period, may present with subtle signs, but can lead to serious complications. Hence it should be considered in babies with early onset vomiting, especially haematemesis that is unresponsive to anti-reflux therapy.

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Figure 1 Barium study showing mixed hiatus hernia. Note that both gastric fundus and gastro-oesophageal junction have herniated through the oesophageal hiatus. Permission has been obtained for publication of this figure.