CASE REPORT

Unusual presentation of a common problem

Prasad Gunaruwan,¹ Kate Naphthali,² Kichu Nair²

¹Department of Cardiology,
John Hunter Hospital,
Newcastle, New South Wales,
Australia
²John Hunter Hospital,
Newcastle, New South Wales,
Australia

Correspondence to

Dr Prasad Gunaruwan,
gunaruwan@doctors.org.uk

SUMMARY

We report on an elderly lady with a large hiatus hernia presenting with presyncope and syncope associated with large meals. Though left atrial filling and mitral inflow was unimpaired, this case is interesting since the symptoms resolved with adjustment to meal size.

BACKGROUND

Hiatus hernia is a common condition among the elderly. A large hiatus hernia may appear as a left atrial mass on two-dimensional echocardiography (figure 1). Left atrial compression as a rare cause for syncope has been described recently. This case illustrates a case of presyncope associated with large meals and a large hiatus hernia. Although mitral valve function and blood flow was unimpaired on echocardiography, the symptoms resolved after adjustment to meal size.

CASE PRESENTATION

An 86-year-old woman presented with recurrent presyncope and syncope. Previous history included treated non-Hodgkins lymphoma and heart failure. Cardiac monitoring did not reveal any arrhythmia. There was no orthostatic hypotension. Echocardiogram revealed a left atrium with a reduced antero-posterior diameter due to a possible extra-cardiac mass (arrow). Chest radiograph (figure 2) and CT (figure 3) scan performed to exclude recurrent lymphoma confirmed a large hiatus hernia (arrow). Further history suggested that presyncope was associated with large meals. Her symptoms stabilised after reducing meal size. Hiatus hernia is known to appear as a left atrial

Figure 2 Chest radiograph.

mass and this is usually verified by echocardiography images after ingesting a carbonated drink. Though left atrial filling and mitral inflow was unimpaired, this case is interesting since the symptoms resolved with adjustment to meal size.

DISCUSSION

Several reports have confirmed the theoretical possibility that a large hiatus hernia may cause left atrial compression with haemodynamic compromise resulting in syncope.^{1 2} There was no impairment of left atrial inflow or mitral valve haemodynamic measures noticed during the echocardiogram in this case. However, since meal adjustment resulted in symptomatic relief, it is likely that the left atrium was compressed by the hiatus hernia resulting in presyncope and syncope.

Figure 1 Echocardiogram.

Figure 3 CT image.

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Learning points

- ▶ Rarely hiatus hernia may cause external compression of the left atrium resulting in presyncope or syncope.
- ▶ A large hiatus hernia may have the appearance of a left atrial mass on echocardiogram.
- ▶ Relationship of symptoms to meal times and proportions is a clinical indicator.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

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