Incidental Hiatal Hernia Detected with Meckel's Scintigraphy

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Congenital hiatal hernia (CHH) in children is a very rare condition that occurs in about 1 in every 2,000 to 5,000 live births, with a male to female ratio of 2:3. In 97% of cases the anomaly is unilateral with a left side preponderance. The hernia content can include the stomach, bowel loops, spleen or part of the liver [1–4]. CHH may remain asymptomatic or induce only nonspecific gastrointestinal and/or thoracic symptoms [1–6]. The symptomatology of these patients is usually non-specific, in the form of repeated attacks of chest infection and/or recurrent vomiting, but can be associated with serious complications such as intra-thoracic gastric volvulus with incarceration and strangulation [1, 5, 6]. Because of the gastroesophageal reflux, linear ulcerations on the esophageal mucosa might occur and cause intermittent bleeding. Plain chest radiographs, AP and lateral, may raise a suspicion of the condition, while upper gastrointestinal contrast series are diagnostic [5–7]. The treatment is surgery consisting of excision of the hernial sac after reducing the stomach and

repair of the diaphragmatic defect by tightening the crura of the esophageal hiatus [1, 5]. If the defect is large and associated with displacement of the gastroesophageal

Fig. 1 A 3-year-old girl who complained of stiff and black-colored stool with monthly periods was referred to our clinic for Meckel's scintigraphy during a search for causes of iron deficiency anemia. She had no history of trauma, and her physical examination was normal. Following 4 h fasting, 110 MBq ^{99m}Tc -pertechnetate was applied i.v. after an hour of slow i.v. ranitidine injection. There was no evidence of ectopic gastric mucosa related to Meckel's diverticulum at the dynamic phase of the scintigraphy. However, elevated, right-sided posterior gastric tissue was observed on both dynamic and static phases of the scintigraphy. Her other organs were in their correct positions

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Fig. 2 Plain chest X-ray, AP and lateral views, revealed a radiolucent shadow (arrows) in the right posterior mediastinum. The patient underwent successful correctional surgery

junction (GEJ) into the thorax, adding an anti-reflux procedure to the repair is appropriate [7]. This can be achieved transabdominally either by laparotomy or laparoscopically [5–7]. To the best of our knowledge, this is the second case diagnosed with Meckel's scintigraphy[8] (Figs. 1 and 2).

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