

**EXTRINSIC COLLAPSE OF THE LEFT ATRIUM DUE TO LARGE HIATAL HERNIA**

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A 87 years old male with a history of hypertension and ischemic cardiopathy arrives at the emergency department with sudden intense epigastralgia, precordial oppression with irradiation to the interscapular area and profuse sweating, associated with a feeling of dyspnoea and palpitations. The patient is transferred to the monitoring area and a venous peripheral access is placed. Blood-pressure measures vary in the semi-stationary position, both for the upper left limb and the contralateral limb. In the upper left limb we register a 220/80 mmHg pressure, followed by 100/50 mmHg and finally 170/95 mmHg. Pressure in the upper right limb starts at 180/40 mmHg, and later becomes 120/70 mmHg. Proximal and distal pulses are present and no pulsatile epigastric mass can be found. Given the presumption of an aortic syndrome, a CT scan with intravenous contrast is performed, which reveals a large hiatal hernia partially compromising the left atrium and inferior lobar veins (Figures 1-4). The patient is transferred to the observation area, where a nasogastric tube is placed, resulting in partial symptomatic improvement, with persistent nausea and vomiting, as well as a tendency to hypertension. After an evaluation for general surgery, it is decided that an hernia content reduction to the abdominal cavity and posterior fundoplication with residual fundus (Toupet type) are to be performed. There were no perioperative complications. After several days of hospitalization, the patient was discharged from hospital with no further incidents.

*Keywords: hernia, hiatal; stomach; heart atria*

Figure 1: CT scan axial plane in arterial phase



Figure 2: CT scan coronal plane in arterial phase



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Figure 3: TC scan sagittal plane in arterial phase



Figure 4: CT scan, axial plane, no contrast

