An 89-year-old man with valvular heart disease and third-degree atrioventricular block with a permanent pacemaker presented with a 1-day history of nausea, coffee ground emesis, and dyspnea. Physical examination revealed hyperthermia of 37.8 °C, oxygen saturation measured by pulse oximetry of 94 %, and hemodynamic stability. Laboratory tests showed a hemoglobin level of 13.9 g/dL, leucocytosis of 13 640/mm³ with neutrophilia, and a C-reactive protein level of 3.8 mg/L. A chest radiograph showed a giant hiatal hernia with migration of the entire stomach with an air-fluid level in an 89-year-old man with valvular heart disease and third-degree atrioventricular block. After orotracheal intubation, upper gastrointestinal endoscopy was performed which revealed signs of mucosal ischemia of the proximal gastric body with a 5-cm-long ulcer just distal to the esophagogastric junction (Fig. 2). The patient was referred to surgery which revealed total gastric herniation (Fig. 3) with incarceration and signs of ischemia (Fig. 4) that reversed spontaneously after reduction of the hernia sac. A laparoscopic hernia repair (Fig. 5) was performed followed by a fundoplication (Fig. 6).

Giant hiatal hernia represents 5 – 10 % of all hiatal hernias and includes at least 30 % of the stomach in the chest [1, 2]. Most frequently, a giant hiatal hernia is a mixed hernia composed of a sliding and a paraesophageal component [2]. Patients generally present with pain, heartburn, regurgitation, dysphagia, cough, dyspnea, vomiting, and anemia [2, 3]. The incidence of incarceration and strangulation is low [2]. Usually, in symptomatic patients, the definitive management is surgical repair [4]. Furthermore, owing to the risk of hemorrhage, strangulation, volvulus, and perforation in paraesophageal and mixed hernias, elective repair is recommended [5].

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Fig. 5 Laparoscopic view showing closure of the crural defect after reduction of the stomach into the abdominal cavity and complete excision of the hernia sac from the mediastinum.

Fig. 6 Laparoscopic view depicting the final result after gastric hernia reduction and the fundoplication.