

Endoscopic Reduction of a Gastric Volvulus Associated with a Paraesophageal Hernia

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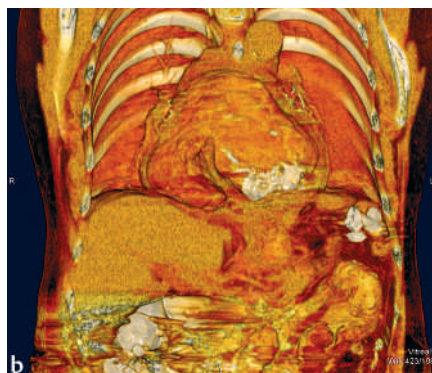


Figure 1 An 83-year-old woman with a known history of hiatus hernia was admitted to our unit complaining of retrosternal discomfort and repeated vomiting. A chest radiograph on admission revealed a distended precordial gastric bubble, suggestive of intrathoracic gastric herniation. Initial upper endoscopy revealed bizarre gastric anatomy and it was not possible to negotiate the pyloric channel. Barium meal (a) and computed tomography (b) confirmed the diagnosis of paraesophageal hernia with intrathoracic upside-down stomach.



Figure 2 Upper endoscopy was repeated and, using a J-type maneuver, the organoaxial volvulus was successfully derotated in an anticlockwise direction (arrow).

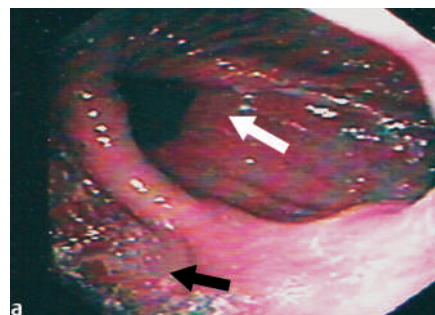


Figure 3 The lower part of the stomach was negotiated easily after the endoscopic reduction, and these post-reduction views show the twisted stomach (white arrow) and the paraesophageal hernia (black arrow) (a), and the twisted stomach (b). Elective laparoscopic hiatal closure and gastropexy was performed 3 days later.