Pulmonary Collapse due to Severe Hiatal Hernia

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An 82-year-old woman was admitted to our hospital because of mild senile dementia and low activity of daily life (ADL) following fracture of the right femoral neck in April 2003. She was treated with conservative therapy. In June 2005, chest X-ray demonstrated left pulmonary collapse (Picture 1) while there was no remarkable change on admission. Chest computed tomography demonstrated severe hiatal hernia due to migration of the stomach and intestine into the thoracic cavity (Picture 2). On routine follow-up, the patient did not manifest any symptoms. Therefore, she was observed without surgery. To date, there have not been any crucial complications of hiatal hernia, although she sometimes develops bronchitis due to dysphagia.

Esophageal hiatal hernia is commonly associated with the intrathoracic migration of the stomach and the symptoms vary with each case. Elderly patients, in particular, with hiatal hernia have less-typical and more-nonspecific symptoms than young or adult patients (1). Obscure symptoms may contribute to poor or delayed recognition of disease in eld-

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erly patients (2). Thus, clinicians caring for older patients should be aware of the nonspecific presentation and severity of hiatal hernia in this population.

References