[PICTURES IN CLINICAL MEDICINE]

Pseudo-heart Failure Due to a Large Hiatal Hernia

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Picture 1.

Picture 2.

Picture 3.

hilar vascular shadow enhancement (Picture 1). An electrocardiogram revealed sinus rhythm, and an echocardiogram revealed preservation of the cardiac function. Initially, congestive heart failure was considered, but diuretics were not effective. A careful re-examination of the chest radiograph revealed an abnormal gas shadow inside the mediastinum. Additional computed tomography and contrast barium radiography revealed a large hiatal hernia (HH) with most of the stomach escaping into the thoracic cavity (Picture 2, 3), resulting in mediastinal expansion due to cardiac compression by the HH. Enlarged HHs can compress the anatomically adjacent left atrium, resulting in dysfunction of the left atrium and causing heart failure-like symptoms (1). In the present case, surgical HH repair promptly improved the patient's clinical symptoms and chest radiograph abnormalities.

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An 83-year-old woman with diabetes mellitus presented with a 2-month history of shortness of breath and heartburn. A chest radiograph showed cardiac expansion and bilateral

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