

Unusual cause of acute chest pain

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A 70-year-old lady presented with retrosternal chest pain and recurrent retching for 4 h. She had history of reflux disease with no prior history of coronary artery disease, hypertension or diabetes. On examination, the patient was in acute distress. Investigations revealed a normal hemogram. ECG showed sinus tachycardia with no ST or T wave changes. Cardiac enzymes were normal. Echocardiography did not show any regional wall abnormality. Chest X-ray PA view (Fig. 1) showed an air fluid level in the lower thoracic region. CECT of chest and abdomen (Fig. 2) showed herniation of fundus and large part of the body of the stomach into the thoracic cavity along with the colon. On careful evaluation it was seen that the greater curvature (GC) was to the right and lesser curvature (LC) was to the left suggesting organoaxial gastric volvulus [1]. Endoscopic evaluation showed large hiatus hernia with twisting of the gastric folds suggestive of volvulus. Intra-operative findings showed herniation of the transverse colon with stomach through the diaphragmatic hiatus. The stomach was rotated along its longitudinal axis with greater curvature being to the right and superior to the lesser

curvature confirming organoaxial volvulus. The volvulus and the herniated colon were manually reduced. There were no gangrenous changes. Anterior gastropexy was done along with fundoplication and repair of the hiatus [2]. The patient is doing well at 2 years of follow up.



Fig. 1 X-ray chest PA view shows air-fluid level in the lower thoracic region

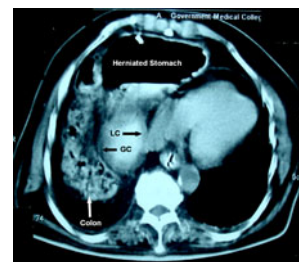


Fig. 2 CT scan of chest showing herniation of the gastric fundus and body into thoracic cavity with organoaxial volvulus

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