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A Hiatal Hernia Causing Atrial Fibrillation through Direct Mechanical Irritation

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A Hiatal Hernia Causing Atrial Fibrillation through Direct Mechanical Irritation

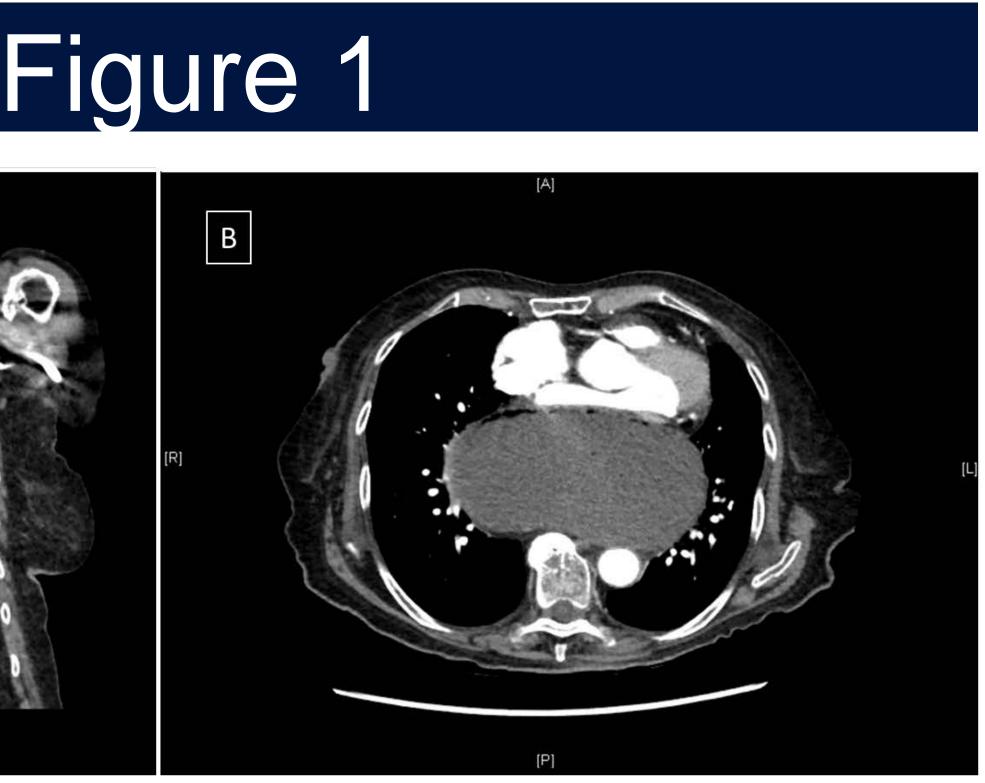
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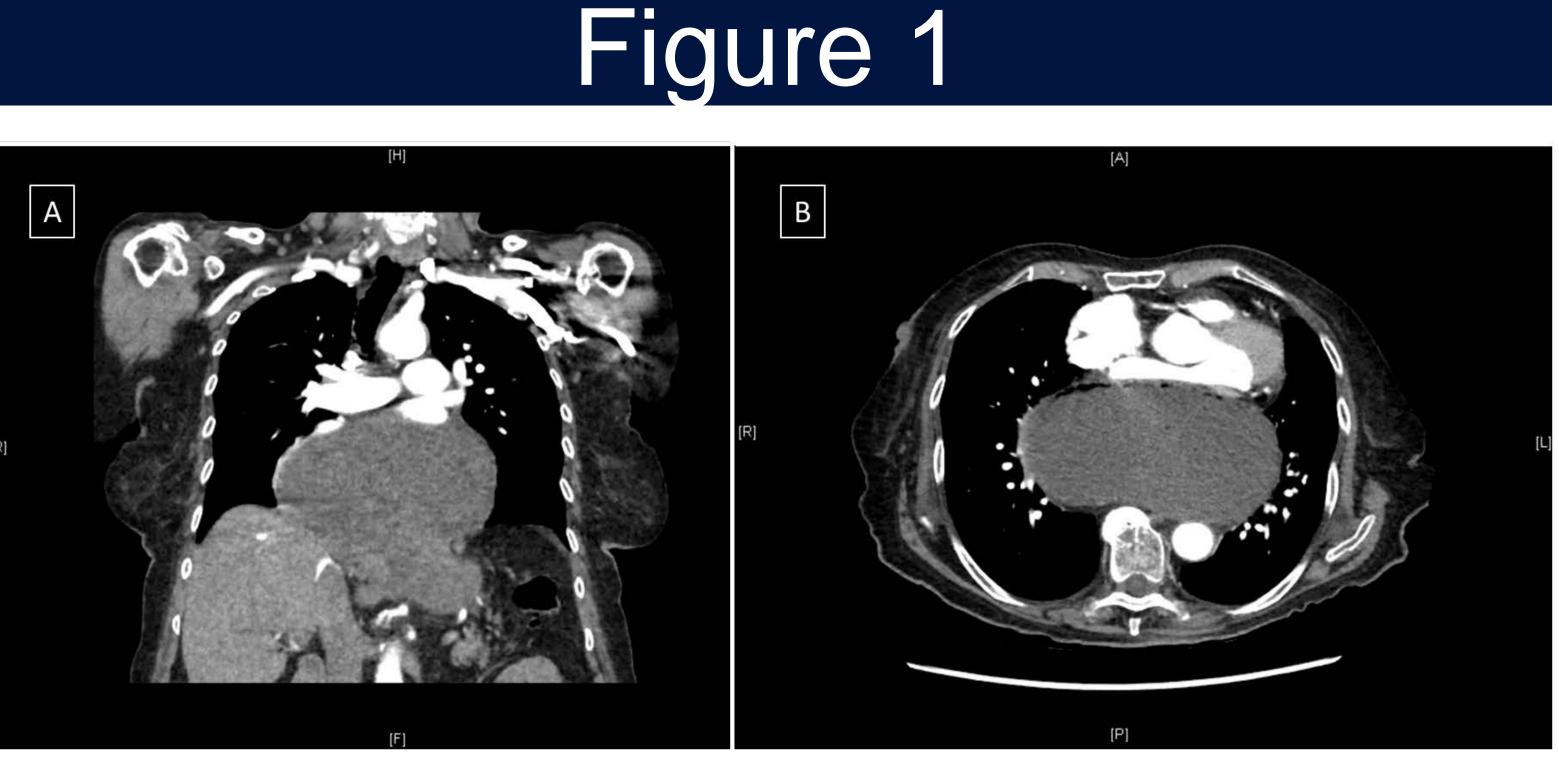
Introduction

- Hiatal hernias (HH) are anatomically classified into four types according to herniated structures.
- Giant HH refers to a herniation of > 50% of the stomach.
- Atrial fibrillation (AF) is the most common arrhythmia, frequently associated with cardiovascular diseases
- We report a case of AF caused by a case of giant HH compressing the left atrium.

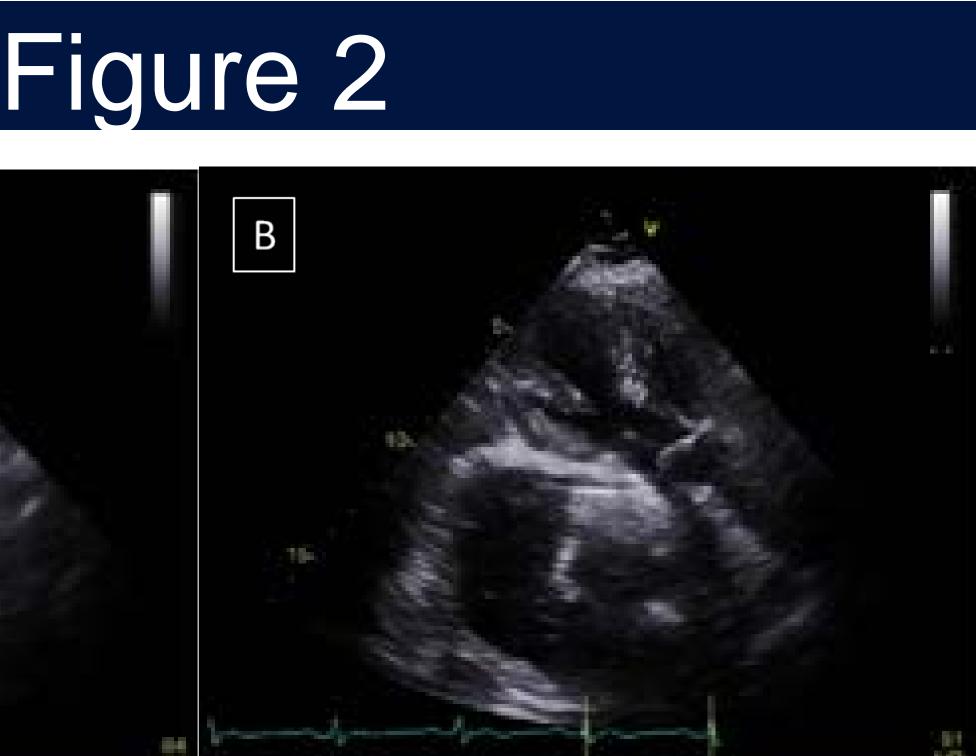
Case Presentation

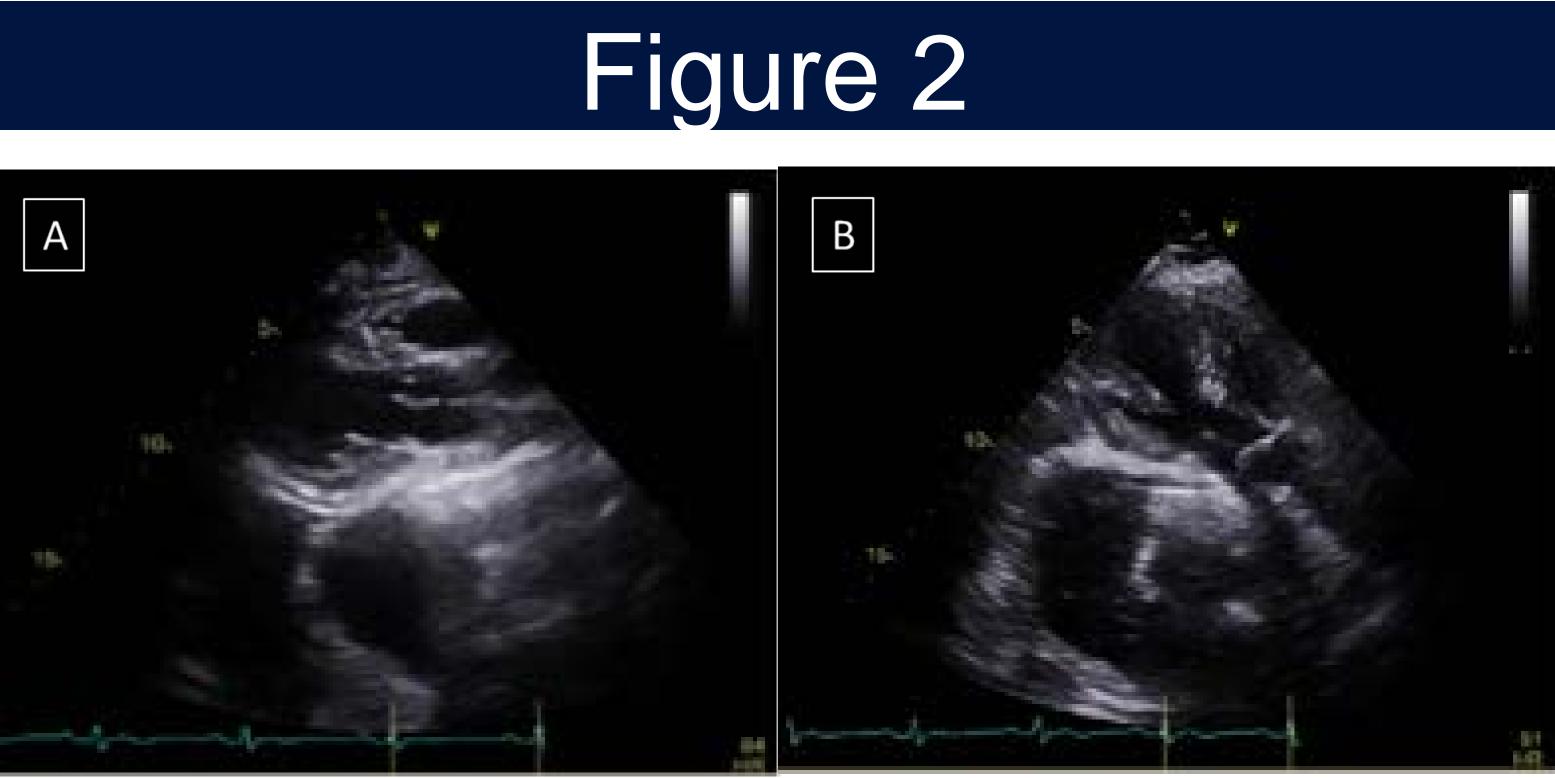
- A 90 year-old female with a medical history of GERD, was surgically evaluated for symptomatic HH.
- During hospital stay the patient developed symptomatic AF with RVR.
- EKG showed new onset AF with non-specific ST-T wave changes. Sinus rhythm conversion was achieved by amiodarone drip.
- Common metabolic and endocrine etiologies of AF were ruled out by specific tests. Additionally, underlying cardiac ischemia was ruled out by normal myocardial perfusion study.
- Chest CTA (Figure 1A and 1B) was only remarkable for persistent giant HH.
- Echo (Figure 2A and 2B) showed external material compressing against the left atrium.
- Due to the high surgical risk decision was made to treat the patient with conservative management. Patient was discharged home in NSR on oral anticoagulant and BB.





(Figure 1A & 1B) CTA of the chest showing giant HH with the majority of the stomach projecting superior to the diaphragm and compressing the posterior wall of the heart.





(Figure 2A & 2B) Echocardiogram showing external material compressing against the heart and causing the left atrium to be not well visualized.

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- overstimulation.
- Such association fully understood.
- causing atrial arrhythmia.
- More cases

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Discussion

• AF, gastrointestinal reflux disorder (GERD) and HH are often seen in association. AF in GERD cases is likely due to local cytokine release from esophageal injury or vagal

reduced AF supported by IS recurrences by reflux suppression. However, the underlying mechanism of AF in HH patients has not been

• In our case, left atrial compression and impingement were seen, which indicates direct left atrial irritation

• A similar case scenario was previously reported, in which AF was suppressed after laparoscopic surgical repair of a giant paraesophageal hernia.

be studied confirm the need to tO References

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