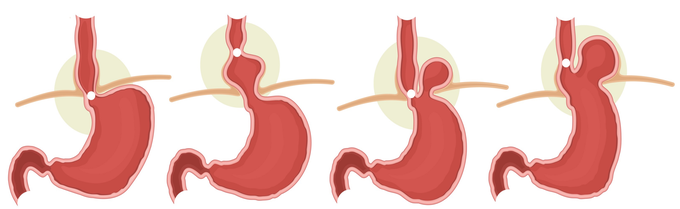
SURGICAL TREATMENT OF LATE-ONSET HIATAL HERNIA AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY: CASE REPORT

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BACKGROUND

Hiatal hernia is defined as the migration of any non-esophageal structure through the diaphragmatic hiatus to the thorax. It is an acquired pathology where the possible causes are increased intra-abdominal pressure, weakness, or atrophy of the diaphragmatic pillars and the phrenoesophageal membrane, or a combination of various factors.



CASE PRESENTATION

A 31 years-old female patient had a initially weight of 132 kg, BMI 49.7, She underwent sleeve gastrectomy without complications.

Three years later, she weighed 67 kg, BMI 24.6. She consulted with symptoms of gastrointestinal reflux, and an upper GI endoscopy was performed. Diagnosis of a hiatal hernia was made without signs of esophagitis. A CT scan evidenced a type III hiatal hernia with the migration of 50% of the gastric fundus to the thoracic cavity.

She underwent laparoscopy surgery, an intrathoracic gastric fundus with firm adhesions was identified, both diaphragmatic pillars exposed, the hernia sac was thoroughly dissected, and the contents of the hernia were reduced.

A 5-cm esophageal diverticulum and a 4-cm hiatal hernia were evidenced. Diverticulum resection was performed with a mechanical stapler and hiatoplasty with manual suture. The patient evolved satisfactorily

CONCLUSION

We hypothesize that when losing weight, the visceral fat and muscle tone of the diaphragmatic pillars decrease, leading to an increase in the size of the hiatal hernia. In this case, being less than 2 cm, it is not easily detectable in pre-surgical studies and was not observed during the first procedure. Additionally, the increase in intraluminal pressure in the lower third of the esophagus favored the development of the esophageal diverticulum