

The Rare and Unusual Presentation of A Gastric Volvulus with Diaphragmatic Hernia: A Case Report

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Abstract

Background: Gastric volvulus is an abnormal rotation of the gaster greater than 180 degrees. It can rotate along with its longitudinal or transversal/mesenterial axis. It is a rare condition, but can be life threatening. The prompt diagnosis and treatment should be done precisely. Parahiatal hernia is a rare type of diaphragmatic hernia. There are limited reports of diaphragmatic hernia accompanied by gastric obstruction due to incarceration or volvulus. Laparoscopic approach for management of gastric volvulus and diaphragmatic hernia provide various advantages in selective conditions. We aim to present our case of laparoscopic approach for managing chronic gastric obstruction symptoms of gastric volvulus caused by herniation through diaphragmatic hernia.

Case Report: A 46-year-old man presented to the emergency department with complaints of vomiting after eating and drinking. Abdominal CT scan shows gastric rotation accompanied by herniation of part of the gastric wall into the thoracic cavity through a defect in the diaphragm (hiatal hernia type 2). The patient then underwent laparoscopic surgery. The gaster was rotated and herniated through the diaphragmatic hernia. The organoaxial gastric volvulus and hernia reduction has succeeded, then followed by diaphragmatic hernia repair using polypropylene suture. Intraoperative endoscopy can reach the duodenum. The patient showed an uneventful recovery, he can eat regularly in post-operative day 1 without complain.

Conclusion: Prompt diagnosis and treatment are critical to preventing complications, and a comprehensive evaluation is necessary to diagnose and treat this condition effectively. Laparoscopic surgical treatment has proven effective in terms of faster postoperative functional recovery and less tissue trauma.

Keywords: Gastric volvulus, Diaphragmatic hernia, Laparoscopy , Intraoperative endoscopy

Commented [MOU1]: Type gastric volvulus