

## A Hiatal Hernia Causing Various Cardiac Symptoms: A Case Report

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A 52-year-old man presented our outpatient clinic with complaints of atypical chest pain, palpitation, and shortness of breath on exertion for over three months. He did not report any chronic medical conditions. Except for an isolated ventricular premature beat, no specific pathologic finding was observed on electrocardiogram. Transthoracic echocardiography demonstrates a mass image extrinsically compressing the left atrium (FIG. 1a). Other than grade 1 diastolic dysfunction of the left ventricle, no structural or functional abnormalities of the left or the right ventricle were noted. Chest X-ray shows a large well-defined hyperdense mass image overlapping the cardiac silhouette (FIG. 1b). To further clarify the pathology, a computer tomography was taken, and a large hiatal hernia located in the posterior mediastinum was detected (FIG. 1c-d). Herniation of the stomach from the esophageal hiatus to the thoracic cavity is observed in the sagittal plane (FIG. 1d). The herniated stomach compresses the left atrium anteriorly and the esophagus posteriorly. It also displaces the thoracic aorta posteriorly. The transverse plane shows that the herniated abdominal contents are compressing the left atrium from the posterior (FIG. 1e).



FIG. 1a



FIG. 1b



FIG. 1c



FIG. 1d

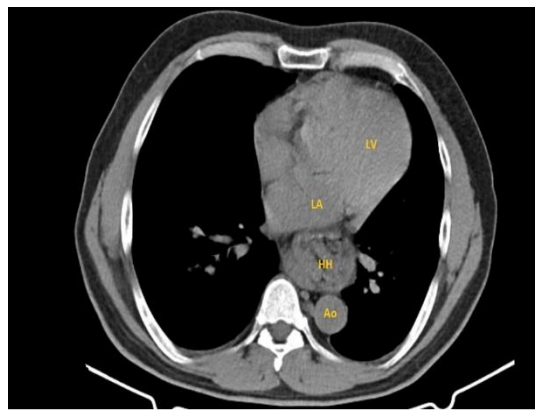


FIG. 1e