HIATUS HERNIA/CONGENITALLY SHORT OESOPHAGUS

An 11 year-old boy presented with an 8-day history of malaise, anorexia, listlessness and abdominal pain. No prior history of note was obtained, specifically with regard to throat or skin infections.

He was oedematous with features of fluid overload, and was found to have a 4 cm hepatomegaly and ascites. The blood pressure was 140/115 mmHg and the pulse rate 108 beats/min. After further examination and investigation he was considered to have post-streptococcal glomerulonephritis and iron deficiency anaemia, for which he was treated.

The frontal and lateral chest radiographs (Fig. 1, a and b) were taken shortly after admission. These were followed by barium meal examination (Fig. 2).

As the patient had no symptoms concerning the hiatus hernia, he was discharged without therapy for clinical follow up.

Fig. 1a: Erect frontal chest radiograph demonstrates bilateral retrocardiac opacification with a faintly seen air-fluid level (arrow). Bilateral basal pleural effusions are also present, obscuring both diaphragms. b: Lateral chest radiograph showing retrocardiac opacification.

Fig. 2: Barium meal examination demonstrates a large right-sided hiatus hernia.

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