Perforation of benign peptic ulcer in hiatal hernia into the pericardium, resulting in pneumopericardium

A 57-year-old woman with a medical history of hiatal hernia, peptic ulcer disease, alcoholism, and schizophrenia was admitted to the emergency department with epigastric pain and fever. The patient had not been taking her prescribed proton pump inhibitors.

A peptic ulcer perforation (1.5 cm) in the hiatal hernia sac was discovered during gastroscopy, and an attempt to close the perforation with metal clips was unsuccessful (Video 1). The patient’s general state became more severe following gastroscopy. Tachycardia with atrial fibrillation, dyspnea (saturation <80%), and hypotension (systolic blood pressure <60 mmHg) occurred. The patient was referred for surgery with suspicion of pneumopericardium (Fig. 1).

A gastrotomy was made during laparotomy. A fistula to the pericardium was located and directly sutured. A tissue sample was taken from the ulceration. A peptic ulcer perforation (1.5 cm) in the hiatal hernia sac was discovered during gastroscopy. Tachycardia with atrial fibrillation, dyspnea (saturation <80%), and hypotension (systolic blood pressure <60 mmHg) occurred. The patient was referred for surgery with suspicion of pneumopericardium (Fig. 1).

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We suggest that in the case of a gastrointestinal fistula, a computed tomography scan of the chest and abdomen with administration of oral contrast should be performed instead of endoscopy, which could dramatically worsen circulatory insufficiency.

References


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Video 1

Gastroscopy with an unsuccessful attempt to close the perforation with metal clips.