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A Pushed Descending Aorta due to Hiatal Hernia

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Abstract

A 91-year-old female patient was admitted to hospital for evaluation of transcatheter aortic valve implantation. A chest radiography showed a hiatal hernia, and the stomach and duodenum appeared in the thoracic cavity. The descending aorta was pushed by the stomach and duodenum.

Keywords

- descending aorta
- aortic displacement
- hiatal hernia

A 91-year-old female patient was admitted to hospital for evaluation of transcatheter aortic valve implantation. A chest radiography showed a hiatal hernia, and the stomach and duodenum appeared in the thoracic cavity (►**Fig. 1A**). The patient had severe aortic stenosis, and a contrast-enhanced thoracoabdominal computed tomography (CT) was performed to evaluate vascular structures. A contrast-enhanced CT scan of the chest in the coronal plane revealed normal diameter and non-tortuous ascending aorta (►**Fig. 1B**). The descending aorta was pushed by the stomach and duodenum (►**Fig. 1C**). A contrast-enhanced CT scan of the chest in the sagittal plane showed the pushed descending aorta (►**Fig. 1D**). A contrast-enhanced CT scan of the chest in axial plane showed the descending aorta on the left side of the vertebra (►**Fig. 1E**). The abdominal aorta travels on the left side of the vertebra (►**Fig. 1F**). A successful intervention was done, and the patient was discharged from the hospital.

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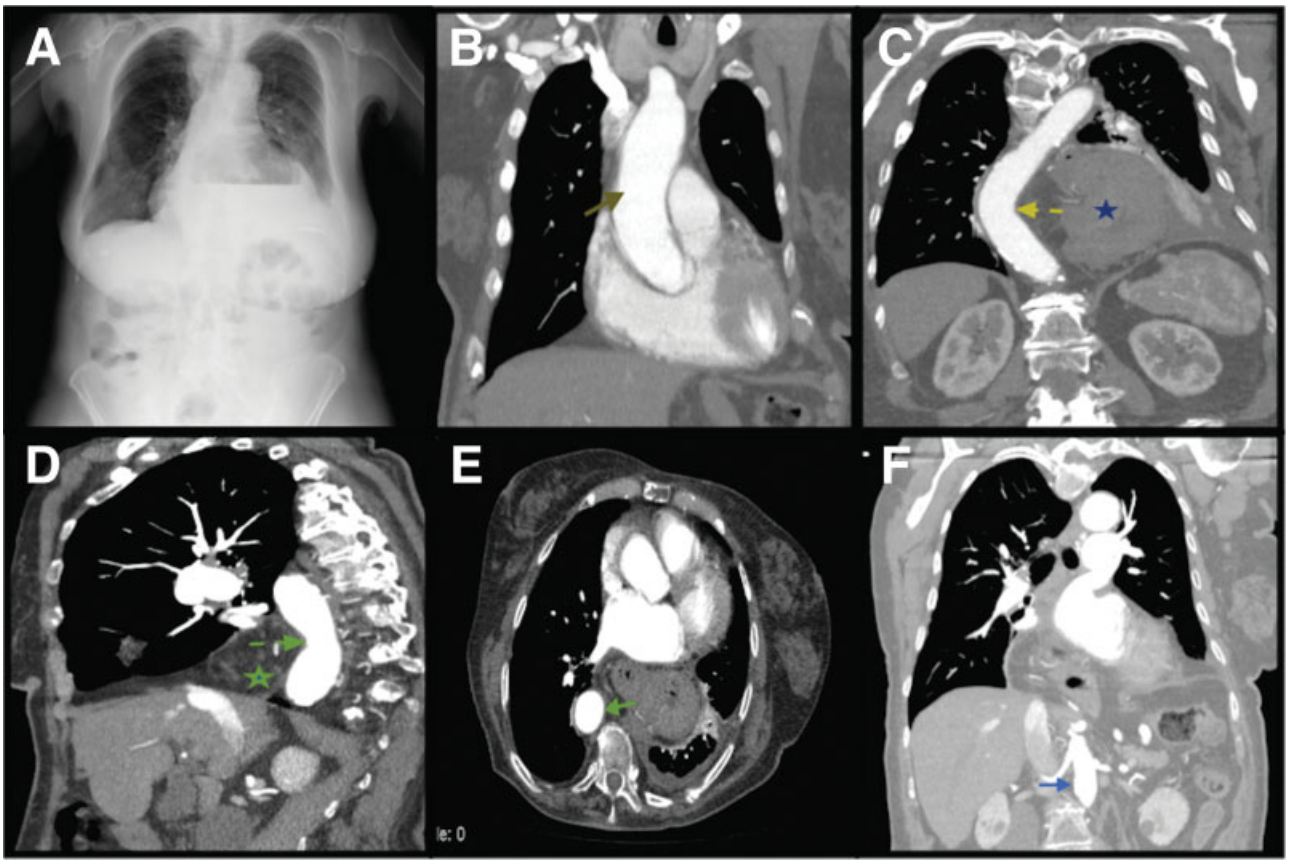

Fig. 1 (**A**) A chest radiography showing hiatal hernia and stomach in the thoracic cavity. (**B**) A contrast-enhanced computed tomography (CT) scan of the chest in coronal plane showing non-tortuous ascending aorta. (**C**) A contrast-enhanced CT scan of the chest in coronal plane showing the pushed descending aorta. (**D**) A contrast-enhanced CT scan of the chest in sagittal plane showing the pushed descending aorta. (**E**) A contrast-enhanced CT scan of the chest in axial plane showing the descending aorta on the left side of the vertebra. (**F**) Abdominal aorta travels on the left side of the vertebra.

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Conflict of Interest
The authors declare no conflict of interest related to this article.

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