

A rare cause of excruciating chest pain mimicking acute coronary syndrome

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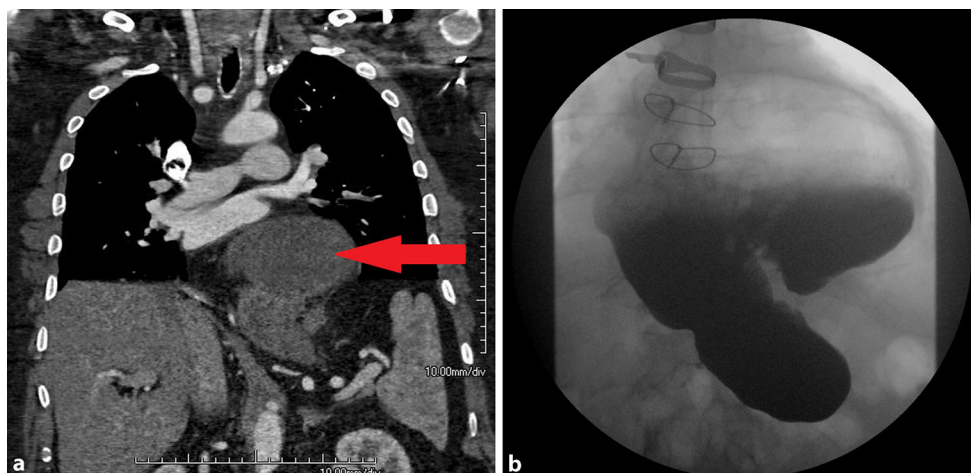
A 62 year-old male presented to the chest pain unit with chest pain and nausea, reporting that the symptoms occurred one hour after dinner. His medical history included a foudroyant event of pulmonary embolism with embolectomy in 2012.

Due to clinical deterioration and the history of pulmonary embolism, we decided to perform a contrast computed tomography angiography (CT). We could rule out aortic dissection and pulmonary embolism, However, CT

revealed a mixed axial para-oesophageal upside-down stomach (UDS) compressing the left ventricle (Fig. 1).

UDS is the rarest type of hiatal hernia and can manifest clinically in a wide variety of symptoms as demonstrated in this case [1]. As causes of chest pain, gastrointestinal disease other than peptic ulcer or reflux-related diseases which might include UDS were reported to be below 1 % [2]. In UDS patients, complications such as incarceration, volvulus development as well as acute gastric bleeding can lead to a life-threatening emergency with prevalence of 30.4 % and can require immediate surgery [3, 4].

Fig. 1 Computed tomography (a) and gastrointestinal contrast series (b) show a mixed axial and para-oesophageal upside-down stomach (red arrow) compressing the left ventricle, without any incarcerated portions of the stomach



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Conflict of interest L. Hobohm, D. Krompiec, R. Michel, Y. Yang, F. Schmidt, C. Düber, T. Münzel and P. Wenzel declare that they have no competing interest.

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