LETTER TO THE EDITOR

An unusual cause of dyspnea: Giant hiatal hernia followed by Takotsubo cardiomyopathy

To the Editor,

Patients with acute dyspnea are a challenging issue to physicians. For such cases, rapid evaluation and management to achieve a stable hemodynamic status is very important. Initially, a tentative diagnosis depends on the presentation and brief history-taking. Here, we present the case of a patient who complained of dyspnea. Giant hiatal hernia and Takotsubo cardiomyopathy have been regarded as sequential causes of the dyspnea.

The patient is an 86-year-old female who had a history of hypertension, old cerebral vascular disease, and chronic obstructive pulmonary disease. She presented to the emergency department with shortness of breath for 1 day. On arrival, the results of her physical examination were unremarkable except for a bilateral wheezing breathing sound. A 12-lead electrocardiogram showed sinus tachycardia. Her chest X-ray scan showed cardiomegaly and mediastinum widening (Fig. 1A), and the chest computed tomography showed hiatal hernia with distended intrathoracic stomach and esophagus (Fig. 1B and C). She was treated with intravenous hydration and nebulized bronchodilator. Owing to respiratory failure, an endotracheal tube was inserted. Two days later, she was extubated smoothly. Unfortunately, respiratory failure again occurred on the 6th hospital day. Her electrocardiogram showed inverted T wave change over the precordial leads, and elevated cardiac biomarkers were found. We arranged for the patient to undergo coronary angiography, and the result revealed apical ballooning sign with nonobstructive coronary artery. Takotsubo cardiomyopathy was thought to be the cause of the second occurrence of respiratory failure (Takotsubo cardiomyopathy occurs frequently among elderly women). The clinical presentations are sometimes not distinguishable from acute coronary syndrome. A diagnosis of Takotsubo cardiomyopathy depends on angiography findings including left ventricular apical motion abnormalities and the absence of obstructive coronary artery or acute plaque rupture [4]. Some patients experience a series of emotional or physical stressful events. The optimal management scenario is not completely established, but supportive care and careful disposition of complications can result in recovery without sequelae [5].

In our case, hiatal hernia was initially thought to be the cause of dyspnea. During her hospital stay, Takotsubo cardiomyopathy occurred and led into respiratory failure, so we believe that hiatal hernia may be one physical stressful event for the patient, leading to Takotsubo cardiomyopathy. Therefore, we believe that careful evaluation and management are important for patients presenting with dyspnea.

Conflicts of interest: All authors declare no conflicts of interest.

http://dx.doi.org/10.1016/j.kjms.2014.02.006
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References


