

Hiatus hernia – Late complication after gastrectomy followed by double tract reconstruction (DTR): a case report

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ABSTRACT

In patients with dyspeptic symptoms who have been treated for gastric cancer, other medical conditions apart from cancer recurrence should be considered. A long small-bowel loop left after esophagogastric anastomosis, flaccid diaphragmatic crura, and several external factors such as hard physical exertion can promote the development of postoperative hiatus hernia. The authors of this paper present a rare case of hiatus hernia considered a late complication of primary surgery performed due to gastric cancer. The 63-year-old patient had undergone total gastrectomy with double tract reconstruction (DTR) six years earlier. Gastrectomy was performed with extended lymphadenectomy (>D2). Histopathologic examination of tumor

specimens showed mucinous adenocarcinoma with no lymph node metastasis and no distant metastases (pathologic staging: pT2, pN0, pM0). After six years, the patient was admitted to the 2nd Department of General and Gastroenterologic Surgery with abdominal pains, malaise, weight loss and feeling of fullness after small meals. Diagnostic procedures performed showed the presence of hiatus hernia, a very rare complication after this particular surgery, with no features of cancer recurrence. The patient was underwent surgery and the hernia was successfully repaired.

Key words: Gastric cancer; hiatus hernia; late complication, surgery
