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Case Report

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Herniation of intra-abdominal organs into thoracic space through the esophageal hiatus is called Para-Esophageal hiatal Hernia (PEH). It is the most common type of diaphragmatic hernia. Progressive weakening and stretching of the Para-esophageal membrane enlarges the diaphragmatic hiatus. It is the likely causative mechanism leading to PEH. PEH is more common in infants and the elderly. Congenital defects in infancy trigger this disease. In adults, some underlying conditions such as weakening of the supportive tissue of the lower esophagus or high abdominal pressure and obesity may cause PEH [1]. Four types of PEH have been described: Sliding (type I), Para esophageal (type II), mixed-form (type III) and upside-down stomach (type IV). Gastric malrotation is a life threatening condition characterized by an abnormal rotation of the stomach around an axis. Bettex and Ku er describe a form of PEH, wherein the stomach is migrated into thoracic space accompanied with an organ axial malrotation [2]. Gastric cancer is sometimes complicated by PEH; however, advanced adenocarcinoma of pylorus arising from an upside-down stomach associated with PEH is extremely rare. is report describes the case of an elderly patient with an advanced gastric cancer arising from an upside-down stomach through a PEH which was perforated at the time of diagnosis.

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Page 2 of 5



Figure 1: Chest CT, cardiac is migrated into posterior mediastinum.





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Page 5 of 5

Surgical intervention is undertaken in most patients, even those who are asymptomatic, because of the high associated risk of life threatening complications, such as strangulation, perforation, and bleeding [16].

Surgical treatment includes reduction of the herniated stomach and standard surgical treatments for gastric cancer according to the stage of cancer. Finally, the hernia ori ce is repaired. Among the 17 reported