

中文題目：武漢肺炎盛行期間躲在心臟後面的惡魔；橫膈膜裂孔疝氣的罕見併發症

英文題目：An evil hidden behind the heart during the SARS-CoV-2 pandemic- A rare complication of hiatal hernia

作者：陳冠宇<sup>1</sup>，柯獻欽<sup>2</sup>，陳照坤<sup>3</sup>，陳宏睿<sup>4</sup>，鄭鴻志<sup>5</sup>，

服務單位：<sup>1</sup>奇美醫院內科部，<sup>2</sup>奇美醫院胸腔科，<sup>3</sup>奇美醫院胸腔外科，<sup>4</sup>奇美醫院感染科，<sup>5</sup>奇美醫院加護醫學部

**Background:** Hiatal hernia is a condition that any abdominal structure other than the esophagus protrudes into the thoracic cavity through a weak esophageal hiatus of the diaphragm. Clinically, most type I hiatal hernias, also called sliding hernias, are asymptomatic. Mild symptoms of acid reflux may be mentioned. As for type II to IV hiatal hernias, also called paraesophageal hernia, abdominal fullness, epigastralgia or substernal chest pain may be found. Severe complications of paraesophageal hernias include volvulus, upper gastrointestinal bleeding due to gastric ulcer and respiratory tract complication. Some conditions threaten our life and are indicated for emergent surgical intervention.

**Case report:** This 57 y/o male patient had 1) Gitleman syndrome 2) Atrial fibrillation 3.) Hyponatremia. He had been followed up at our OPD regularly. he was admitted to our ward due to dyspnea for one day. According to himself, he suffered from wheezing breath sounds with tachypnea since last night, then developed chest tightness today. He denied chest pain, diaphoresis, fever, abdominal pain and productive cough. Thus, he was brought to our Chi Mei Hospital, ChiaLi emergency room for help. There, physical examination revealed decreased left lower lung breathing sounds. Chest radiography was arranged and showed Left Lower Lobe consolidation with heterogeneous perihilarinfiltration. Blood test revealed leukocytosis of bandemia [3.0 %]. Due to a worldwide SARS-CoV-2 pandemic, screening test was done and he was transferred to isolation room of Chi Mei Hospital, Yongkang for further evaluation. As the PCR for SARS-Cov-2 disclosed negative report, he was transferred to general ward on the next day. Sudden onset of left chest wall pain was found, chest ultrasound was arranged which disclosed left-sided lobulated pleural effusion, favor empyema. Chest CT was arranged for further evaluation, which disclosed 1) mixed sliding and rolling hiatus hernia complicated with mesenteroaxial volvulus with gastric perforation and gastropleural fistula formation. 2) left dirty empyema with LLL pneumonia and LLL lung abscesses. Due to above reason, Chest surgeron was informed and arranged emergent surgery. Surgery of 1) Decortication of Pleura, left 2) Wedge resection of lung, LLL 3) Hiatal hernia repair via transthoracic route, left 4) Partial gastrectomy 5)Feeding jejunostomy were arranged and he was sent to SICU for further care.

**Discussion:** Here we presented a rare case that had acute incarcerated hernia complicated with gastric perforation and cause left empyema. Moreover, during a SARS-CoV-2 pandemic, it's difficult for physicians to make a precise diagnosis immediately. The suspected cases were isolated until the negative test result. If patients face life threatening condition and needed in-hospital transportation. It's important for healthcare providers to make a series of policy to reduce the chances of hospital-acquired transmission.