Chirurgia (Bucur). 2026 September, Online Ahead of Print
http://dx.doi.org/10.21614/chirurgia.3417

Anastomotic Fistula After Upper Gastric Resection for Incarcerated Hiatal Hernia, Successfully Managed via Endoscopic Approach: A Case Report

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Abstract

Introduction: Acute incarcerated hiatal hernia with gastric perforation is rare and life-threatening condition. The clinical presentation is often atypical, which can delay diagnosis and contribute to high mortality from secondary mediastinitis and peritonitis.

Case Report: We present the case of a 71-year-old woman initially admitted with suspected acute coronary syndrome. The onset of melena, together with findings on gastroscopy and computed tomography, revealed an incarcerated hiatal hernia with gangrene and perforation of the proximal stomach. Emergency proximal gastrectomy was performed, together with extensive lavage of the abdominal and mediastinal cavities. The postoperative course was complicated by a development of a gastrocutaneous fistula on postoperative day 20, which was successfully managed with endoscopic clip placement. The patient required 31 days of intensive care before being discharged in good general condition.

Conclusion: This case underscores the value of a multidisciplinary approach, demonstrating that endoscopic management can provide a feasible alternative to high-risk reoperation for postoperative fistula in a septic patient. Five-year follow-up showed a favorable long-term outcome.

Keywords: incarcerated hiatal hernia, gastric perforation, mediastinitis, gastrocutaneous fistula