

What Is a Paraesophageal Hernia?

A **paraesophageal hernia** occurs when the lower part of the esophagus, the stomach, or other organs move up into the chest.

The **hiatus** is an opening in the **diaphragm** (a muscle separating the chest from the abdomen) through which organs pass from the chest into the abdomen. The lower part of the esophagus and the stomach normally reside in the abdomen, just under the diaphragm. The **gastroesophageal (GE) junction** is the area where the esophagus connects with the stomach and is usually located 1 to 2 inches below the diaphragm. A hiatal or paraesophageal hernia occurs when the GE junction, the stomach, or other abdominal organs such as the small intestine, colon, or spleen move up into the chest where they do not belong. There are several types of paraesophageal hernias. Type I is a hiatal hernia or sliding hernia, in which the GE junction moves above the diaphragm, leaving the stomach in the abdomen; this represents 95% of all paraesophageal hernias. Types II, III, and IV occur when part or all of the stomach and sometimes other organs move up into the chest.

Common Symptoms of Paraesophageal Hernia

More than half of the population has a hiatal or paraesophageal hernia. However, most people are symptom free. Hiatal hernias and paraesophageal hernias may cause symptoms such as reflux and heartburn; nausea, burping, and vomiting; regurgitation of food; unexplained upper abdominal or chest pain; a sense of fullness after eating; bloating; shortness of breath or coughing; or a sense of food getting stuck in the chest.

Severe symptoms occur when the bowel or stomach twists or loses its blood supply. These include heart racing, palpitations, shortness of breath, chest pain, severe vomiting, lack of bowel movements, and severe abdominal pain. These symptoms require immediate medical attention.

Diagnosis

A paraesophageal hernia may be incidentally identified during imaging such as chest x-ray, computed tomography (CT), or magnetic resonance imaging. Patients with symptoms may undergo **barium swallow**, in which a contrast agent is swallowed and a series of x-rays reveal the anatomy of the esophagus and stomach. An upper endoscopy (**esophagogastroduodenoscopy**) is a procedure done under sedation in which the doctor visualizes the anatomy of the esophagus and stomach by inserting a thin camera to look at the upper gastrointestinal tract. **Manometry** may be used to measure the severity of the disease and to establish treatments. This is a study that allows the pressure inside the esophagus to be measured to determine if the muscles are too loose or too tight. A CT scan may be used for surgical planning.

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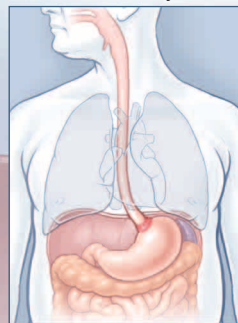
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Sources: *Guidelines for the Management of Hiatal Hernia*. Los Angeles, CA: Society of American Gastrointestinal and Endoscopic Surgeons; 2013. Pointner R. Gastroesophageal reflux disease (GERD) and paraesophageal hernia. In: Bonjer J, ed. *Surgical Principles of Minimally Invasive Procedures*. Basel, Switzerland: Springer; 2017.

Paraesophageal or hiatal hernia

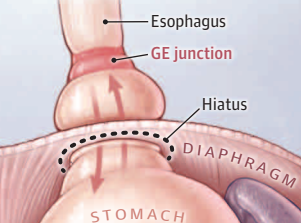
The junction between the esophagus and the stomach (the gastroesophageal or GE junction) or other organs move from the abdomen into the chest.

Normal location of the esophagus, with the GE junction and stomach in the abdominal cavity

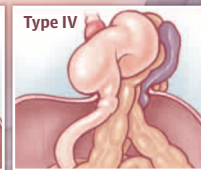
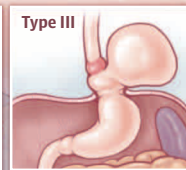


Type I hiatal hernia (sliding hernia)

The GE junction slides through the diaphragmatic hiatus to an abnormal position in the chest.



Less common types of paraesophageal hernias are classified based on the extent of the stomach entering the chest or having other organs herniate into the chest.



Treatment

Treatment of paraesophageal hernias depends on the type of hernia and severity of symptoms. Type I hiatal hernias are typically managed with medications for reflux and do not require other treatment. Type II and III hernias may require surgery if they become symptomatic. In type IV hernias, when organs such as the small bowel, colon, or pancreas are trapped in the chest, surgery is often necessary. Depending on the type and severity of the hernia, the surgical approach may be from the abdomen or from the chest. The operation is often minimally invasive (with small incisions), but it may require open surgery.

FOR MORE INFORMATION

Mayo Clinic

www.mayoclinic.org/diseases-conditions/paraesophageal-hernia/symptoms-causes/syc-20373379

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