Endoscopic Reduction of a Gastric Volvulus Associated with a Paraesophageal Hernia

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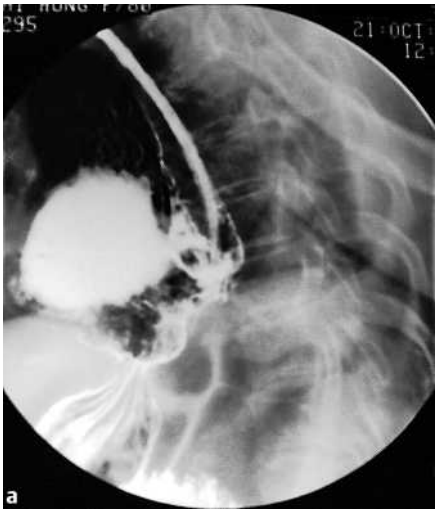


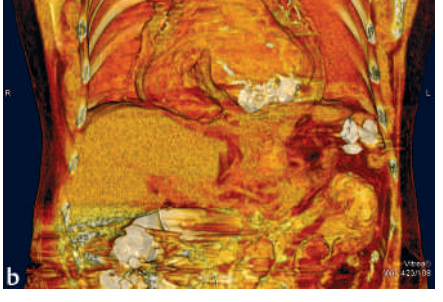


Figure **1** An 83-year-old woman with a known history of hiatus hernia was admitted to our unit complaining of retrosternal discomfort and repeated vomiting. A chest radiograph on admission revealed a distended precordial gastric bubble, suggestive of intrathoracic gastric herniation. Initial upper endoscopy revealed bizarre gastric anatomy and it was not possible to negotiate the pyloric channel. Barium meal (**a**) and computed tomography (**b**) confirmed the diagnosis of paraesophageal hernia with intrathoracic upside-down stomach.

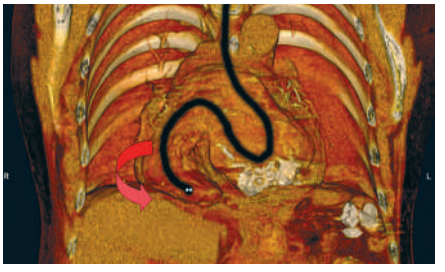
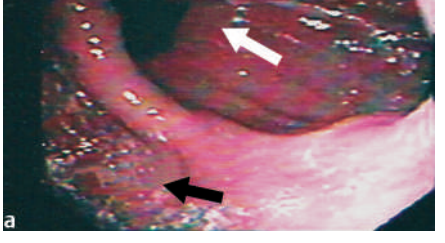


Figure **2** Upper endoscopy was repeated and, using a J-type maneuver, the organoaxial volvulus was successfully derotated in an anticlockwise direction (arrow).



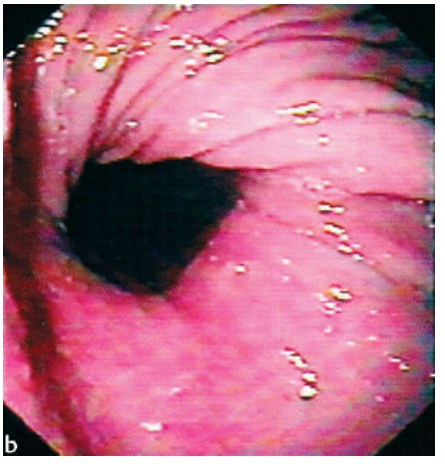


Figure **3** The lower part of the stomach was negotiated easily after the endoscopic reduction, and these post-reduction views show the twisted stomach (white arrow) and the paraesophageal hernia (black arrow) (**a**), and the twisted stomach (**b**). Elective laparoscopic hiatal closure and gastropexy was performed 3 days later.