

Image in cardiology

An unusual cause of syncope

Una causa inusual de síncope

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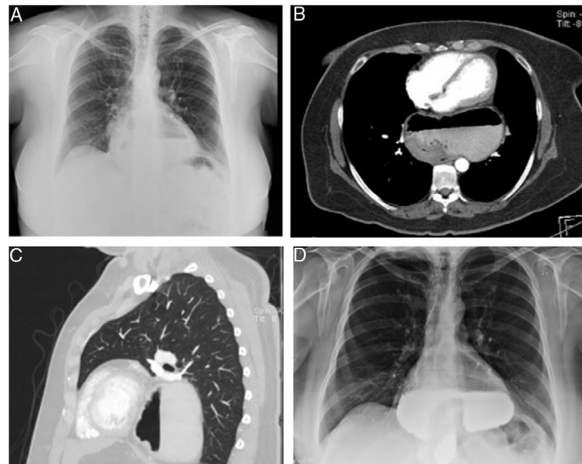


Figure 1.

A 50-year-old woman with a history of cervicouterine carcinoma had been treated by hysterectomy and bilateral oophorectomy in 2018. Eight months before the current hospital admittance the patient experienced tachycardia, diaphoresis, and multiple episodes of syncope related to food ingestion, lasting 30 s and with full recovery. Cardiologic assessment was requested to investigate these symptoms. On physical examination (figure 1A,D) blood pressure was 90/60 mmHg and heart rate 60 bpm, with no murmurs or other abnormalities. Chest radiographs (figure 1A,D) showed a strange air-fluid level on the cardiac silhouette, which prompted 24-hour Holter monitoring and echocardiography, both yielding normal findings. Unenhanced and contrast-enhanced thoracoabdominal computed tomography (figure 1B,C) disclosed a giant hiatus hernia in the left hemithorax that displaced and compressed the left atrium. The patient was referred to the general surgery department where fundoplication was performed and the symptoms remitted. Informed consent for the tests carried out and publication of this case was provided by the patient and her relatives.

There are few reported cases of postprandial syncope. This condition is explained by compression of the left atrium by a hiatus hernia, with a consequent decrease in preload, as well as irritation of the epicardium, which can lead to ventricular arrhythmia. An electrocardiogram, Holter study, echocardiogram, and thoracoabdominal computed tomography are indicated, and the treatment of choice is surgery.

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AUTHORS' CONTRIBUTIONS

All authors participated jointly and equally to the writing of this article.

CONFLICTS OF INTEREST

There are no conflicts of interest.

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