



REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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CLINICAL IMAGE IN GASTROENTEROLOGY

The intrathoracic pancreas[☆]

El páncreas intratorácico

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A 73-year-old female patient presented with loss of appetite and postprandial vomiting for about 3 weeks. A computed tomography (CT) scan of the abdomen was requested due to suspicion of an intra-abdominal mass.

CT examination showed no abdominal mass but revealed a complete supradiaphragmatic herniation of the stomach, associated with an almost complete intrathoracic herniation of the pancreas. Additionally, an associated short segment of a gastroduodenal stricture at the diaphragmatic level was also present (Fig. 1a and b).

Herniation of the pancreas into the thoracic cavity is extremely rare.¹ This is an important finding which should be closely followed because it may eventually lead to pancreatitis due to the obstruction of the pancreatic canal.² Our patient showed no signs of pancreatitis, but her complaints have gradually increased over the past few weeks, and so she has been scheduled for laparoscopic hiatal hernia repair.

Ethical considerations

We obtained written informed consent from the patient. This document is in the possession of the corresponding author.

Financial disclosure

No financial support was received in relation to this article.

[☆] Please cite this article as: Mutluoglu M, Vandenbulcke R. El páncreas intratorácico. Rev Gastroenterol Méx. 2022;87:251–252.

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Figure 1 CT images of the intrathoracic pancreas. Axial (a) and coronal (b) CT images showing complete herniation of the stomach (S), associated with an almost fully herniated pancreas (P).

Conflict of interest

The authors declare that there is no conflict of interest.

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