



UNIVERSITY of
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MEDICAL CENTER

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DEPARTMENT OF IMAGING SCIENCES

Imaging Sciences Interesting Cases

CASE 329

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CLINICAL PRESENTATION: Patient is an 80-year-old female with retrosternal discomfort.

IMAGING FINDINGS: Double contrast view shows a large hiatal hernia with the gastric fundus flopping inferiorly beneath the most superior portion of the gas-filled gastric body. The gastroesophageal junction is seen above the diaphragm.



Figure 1A.



Figure 1B.

DIAGNOSIS: Large hiatal hernia with “floppy” fundus

DISCUSSION: When barium studies are performed on patients with large hiatal hernia (containing 50% or more of the stomach), the weight of the barium may cause the gastric fundus to droop inferiorly beneath the herniated gastric body (especially in the upright position), producing a distinctive radiographic appearance, also known as the “floppy” fundus.

It can be mistaken for an organoaxial gastric volvulus in which most or all of the stomach herniates above the diaphragm into the lower thorax, with greater curvature of the stomach rotated above the lesser curvature, producing an upside-down intrathoracic stomach. In contrast, normal anatomic relationships are preserved in patients with a floppy fundus.

REFERENCES:

1. Starling JR, Reichelderfer MO, Pellett JR, Belzer FO. Treatment of symptomatic gastroesophageal reflux using the Angelchik prosthesis. *Ann Surg.* 1982 Jun;195(6):686-91. PMID: 7082060 [PubMed]