

**Figure 3. a) Ventriculography (RAO 35 CRA 0) and (b) aortography views of extensive calcification of the left atrial zone**

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## Hiatus hernia mimicking pericardial calcification

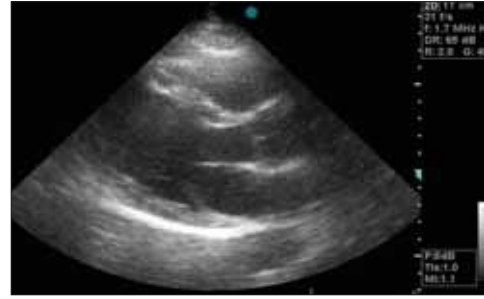
### *Perikardiyal kalsifikasyonu taklit eden hiatus hernisi*

A 85-year-old man was admitted to our department with severe dyspnea on effort. He had no cardiac or pulmonary disease and neither anemia nor cyanosis. Electrocardiography showed normal sinus rhythm. Chest roentgenography revealed a radio-opaque image mimicking pericardial calcification and a dome-shaped air level within the heart silhouette (Fig. 1). There was no evidence of ventricular dysfunction, pericardial tamponade and pericardial calcification on two-dimensional echocardiography examination (Fig. 2, 3).

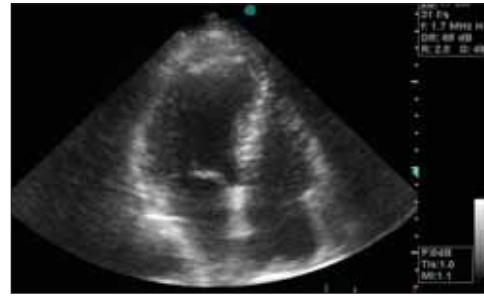
The diagnosis was a large hiatus hernia with intrathoracic stomach as confirmed by lateral chest X-ray (Fig. 4). Hiatal hernias are common,



**Figure 1. Posterior-anterior chest X-ray view of a large focal airspace process within the heart silhouette**



**Figure 2. Apparently normal transthoracic echocardiogram - parasternal long-axis view**



**Figure 3. Apparently normal transthoracic echocardiogram - apical 4-chamber view**



**Figure 4. Lateral chest X-ray view of a large focal air-space process in hemithorax**

and are usually asymptomatic. Symptoms of hiatal hernia can be vague, including postprandial distress, fullness, dysphagia, nausea, vomiting, reflux and chronic anemia due to mucosal blood loss. Additionally, severe cases may present with respiratory failure in elderly patients. The therapeutic strategy of surgical repair is recommended in elderly patients with hiatal hernia complicated with respiratory impairment.

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