Hiatal Hernia - A Coincidence or Causative Factor for Idiopathic Pulmonary Fibrosis?

Sudarsan Pothal1

1Assistant Professor, Department of Pulmonary Medicine, V.S.S. Medical College, Odisha, India

BRIEF HISTORY

An 80-year-old male, non-smoker, non-alcoholic, and a priest by profession presented with history of progressive breathlessness and dry cough since nine months along with symptoms of gastro-esophageal reflux disorder (GERD). There was no past history of any other disease or medication. On clinical examination, there was tachycardia and tachypnea; the patient was normotensive but hypoxic with digital clubbing and bilateral inspiratory fine crepitations at basal region. Routine hematological examination was normal. Chest X-ray showed bilateral reticular shadows at lower zone. Spirometry findings showed moderate restrictive pathology. CT scan of thorax showed reticular opacities predominantly in the peripheral, subpleural and bibasilar regions along with interlobular septal thickening, subpleural honeycombing and traction bronchiectasis which was suggestive of usual interstitial pneumonia pattern of interstitial lung disease with hiatal hernia (Figure 1 and 2).

REFERENCES


DISCUSSION

IPF is a complex disease with an unknown etiology. The current hypothesis suggests an alveolar epithelial injury followed by repair involving serial lung injury and aberrant repair [1]. GERD has been recognized as a risk factor and may have a role in the pathogenesis of IPF probably through micro-aspiration [2, 3]. In general, micro-aspiration due to reflux is associated with the presence of hiatus hernia [4], which is known to alter the integrity of the lower esophageal sphincter. Therefore, it is possible that hiatal hernia could be a contributor to IPF. Hiatal hernia may also be the result of lung restriction in IPF leading to displacement of the diaphragm in patients with IPF [5].

Figure 1: CT scan thorax (mediastinal window) showing hiatal hernia

Figure 2: CT scan thorax showing traction bronchiectasis, interlobular septal thickening and subpleural honeycombing
