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Case Report

An Uncommon Cause of Palpitations

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Abstract:

Chilaiditi syndrome is an uncommon condition, being described in 0.025%-0.28% of the population

An 18-year-old female, with no relevant personal history or usual medication is admitted at the emergency department with complaints of palpitations and mild abdominal pain

Keywords: hemidiaphragm; asterisk

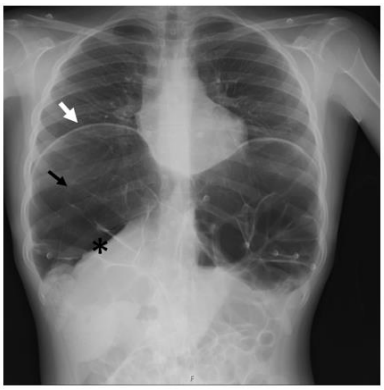
Case Report

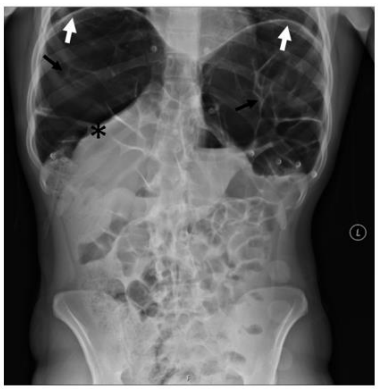
Chilaiditi syndrome is an uncommon condition, being described in 0.025%-0.28% of the population [1]

An 18-year-old female, with no relevant personal history or usual medication is admitted at the emergency department with complaints of palpitations and mild abdominal pain. On physical examination, she is hemodynamically stable, sinus tachycardia with HR of 126 bpm and abdominal pain discomfort in palpation, without signs of peritoneal irritation. Chest and abdomen X-ray shows Chilaiditi's sign, with no other abnormalities. Electrocardiogram confirmed sinus rhythm. Consulted by general surgery, which excluded the presence of an acute abdomen. She was kept under surveillance and started fluid therapy and enemas. After bowel cleansing, the patient remained asymptomatic and without recurrence of tachycardia. He was discharged from hospital, with symptomatic medication, laxatives and referred to nutrition outpatient consult.

Chilaiditi syndrome requires the presence of abnormal gaseous interposition of the colon between the liver and the diaphragm. Elevation of the right hemidiaphragm occurs, the colon (identified by the presence of haustra) is interposed between the diaphragm and the liver. The superior hepatic border is positioned inferior to the left diaphragm [1].

In most patients, the interposition of a portion of the colon between the liver and the diaphragm is asymptomatic and is often an incidental finding, denominated as the Chilaiditi sign [1]. However, Chilaiditi syndrome is accompanied by symptoms related to the digestive system, namely nausea, dyspepsia, constipation, abdominal pain, or intestinal obstruction secondary to intestinal volvulus [2]. Cardiovascular symptoms can also be present, with tachycardia, arrhythmias and angina-like chest pain being reported [3].





Rx-rays showing the presence of Chilaiditi. Black arrow: colon (haustras visible). White arrow: hemidiaphragm. Asterisk: superior hepatic border

The origin of Chilaiditi's sign is unknown, but it may be secondary to congenital or acquired conditions. Congenital conditions include laxity or absence of hepatic suspensory ligaments, colic redundancy, or paralysis of the right diaphragm [3,4]. In acquired conditions, risk factors such as liver atrophy secondary to cirrhosis, ascites, obesity, or chronic constipation are the most identified factors [2,3].

In the presence of Chilaiditi syndrome, the initial approach is conservative, with fluids, decompression through a nasogastric tube, laxatives and enemas, and a high-fibre diet; in more severe cases, surgical intervention may be necessary in the presence of ischemia or secondary intestinal perforation [2].

The authors declare no financial interest, or any conflict of interest exist

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