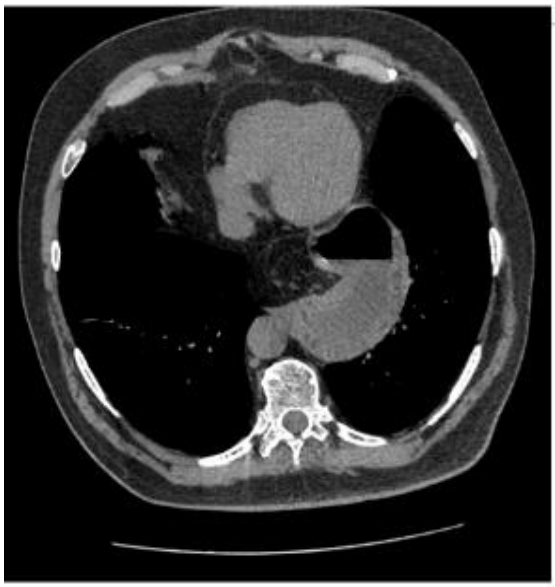
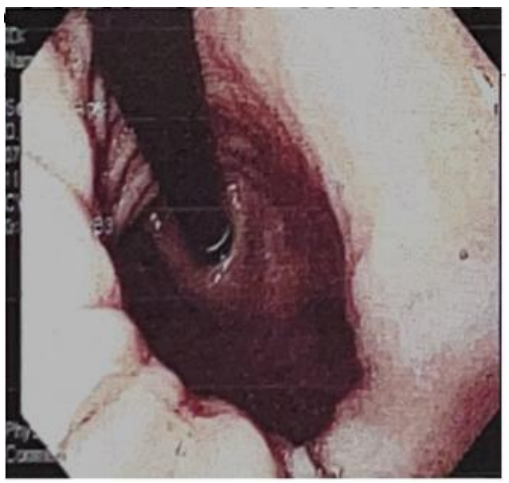
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# Roux-en-Y gastric bypass and hiatal hernia repair with prosthetic reinforcement: a surgical alternative in patients with hiatal hernia and obesity. A case report

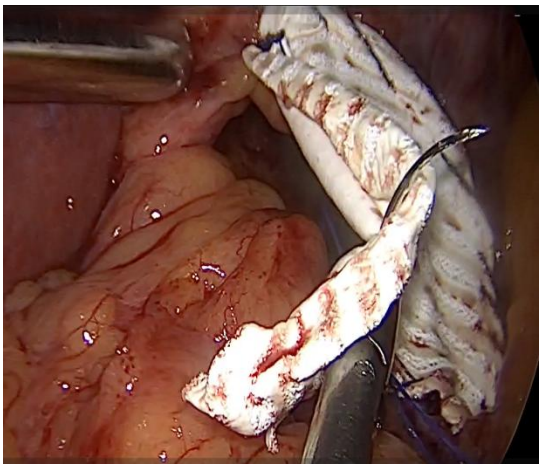


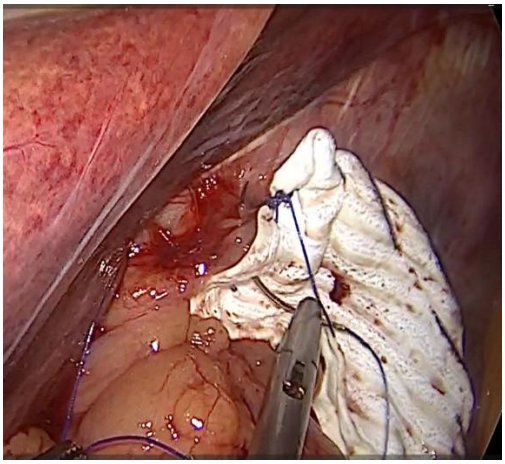


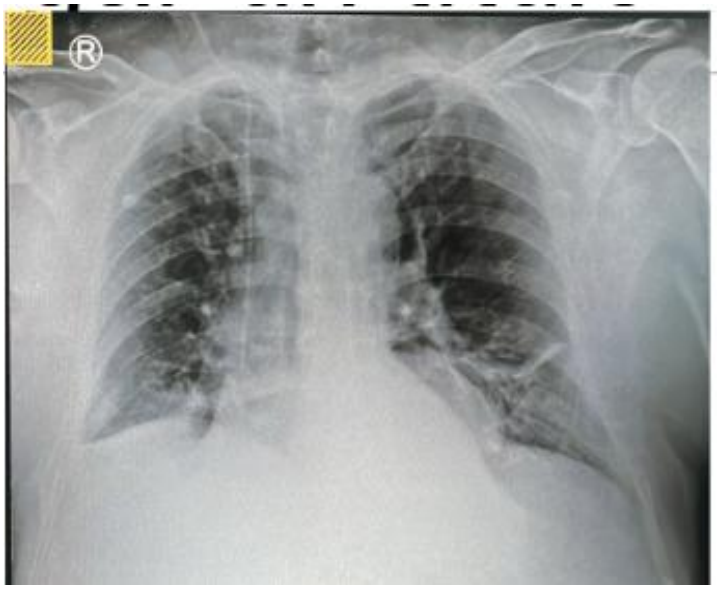


**Figures:** 1) Coronal chest computed tomography demonstrated a hiatal hernia with a 94-mm defect and migration of gastric contents, with the hernia sac extending toward the left hemidiaphragm and located within the posterior mediastinum, compatible with a type III hiatal hernia. 2) Axial chest computed tomography demonstrated an intrathoracic stomach within the posterior mediastinum, anatomically anterior to the descending aorta, with an air-fluid level. 3) Gastrointestinal endoscopy with retroflexed visualization at the cardia demonstrated widening of the esophageal hiatus, incompetence of the gastroesophageal junction, and proximal displacement of the gastroesophageal junction associated with a hernia cavity, compatible with a type III mixed hiatal hernia.

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**Figures:** 4) Intraoperative image demonstrating a 5-cm hiatal defect with herniation of omental contents through the hiatus. The herniated contents were reduced into the abdominal cavity without evidence of incarceration or vascular compromise. 5) Intraoperative image following complete reduction of the herniated contents and repair with prosthetic ePTFE (expanded polytetrafluoroethylene) mesh reinforcement secured with continuous polypropylene sutures. 6) Postoperative anteroposterior chest radiograph demonstrating adequate reduction of the hernia sac, without intrathoracic air-fluid levels, pleural effusion, or demonstrable pleuropulmonary collections.