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The images shown here are the chest radiographs (CXR) of a 62 year old female who was noted to have an asymptomatic bradycardia on a pre-operative assessment. She had no medical history of note and clinical examination was unremarkable with the exception of crackles at the left lung base for which the CXR was requested. Her resting ECG showed a sinus bradycardia of 44 bpm with no other abnormalities.

Hiatus hernias are relatively common and cause symptoms due to gastro-esophageal reflux. However, various cardiovascular manifestations, due to either direct mechanical effects or by neural mechanisms, have also been associated with hiatus hernias. In view of its location, it can mimic an atrial mass on 2-dimensional echocardiography\(^1\) or manifest as post-prandial syncope (swallow syncope) due to collapse of the left atrium.\(^{1,2}\) Pressure effects can cause alterations in blood flow to areas of the atria that may precipitate supraventricular tachyarrhythmias.
including atrial fibrillation, atrial flutter and ectopic atrial tachycardia. These arrhythmias may resolve after surgical correction as was documented in a case report of recurrent supraventricular extrasystoles in the presence of a large hiatus hernia. It was postulated there, that the extrasystoles were provoked by irritation of the pericardium due to microfistulae originating from two gastric ulcers.

Neural mechanisms include effects of vagal nerve stimulation and the cardioesophageal reflex. Vagal nerve stimulation manifests as sinus bradycardia and various degrees of atrioventricular blocks. The cardioesophageal reflex, which is not vagally mediated, produces alterations in coronary artery blood flow on a microvascular level in susceptible patients and produce linked angina.

In the further evaluation of our patient, stress ECG confirmed chronotropic competence and structural and functional cardiac abnormalities were excluded on echocardiography. Biochemical tests were normal. Due to the absence of symptoms and the presence of chronotropic competence the patient was reassured and surgical correction of the hiatus hernia was not recommended at this stage.

**REFERENCES**


Lateral CXR shows a retrocardiac density with an air fluid level consistent with a large hiatus hernia.