



Hiatal Hernia without Cameron Lesions as an Etiology of Iron Deficiency Anemia

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CASE PRESENTATION

64-year-old female with a history of gastroesophageal reflux disease, iron deficiency anemia, and hiatal hernia presented to the emergency department with lightheadedness.

• History:

- Denied
 - Abdominal pain
 - Hematemesis
 - Hemoptysis
 - Hematochezia
 - Melena
- Recent changes
 - Stopped taking proton pump inhibitor and iron supplements due to cost
- Social history
 - Tobacco: 1 cigarette/day

• **Vitals:** Afebrile, hypertensive, and tachycardic

▪ **Exam:** pale older adult; 1+ bilateral pitting edema to the ankles

▪ Labs:

- Hemoglobin: 4.3 g/dL
- Mean Corpuscular Volume (MCV): 58.9 fl
- Haptoglobin: 96 mg/dL
- Lactate dehydrogenase (LDH): 244 IU/L
- Ferritin: <10 ng/mL
- Iron: 8 ug/dL

▪ Imaging

- Large hiatal hernia

CASE CONTINUED

Initial Resuscitation

- 3 units of packed red blood cells
- Hemoglobin re-check:
 - 7.9 g/dL

Consultant Involvement/ Findings:

- Gastroenterology consult for occult bleeding etiology
- Endoscopy and colonoscopy performed
- Scope findings
 - Endoscopy
 - Reflux esophagitis
 - Large hiatal hernia
 - No Cameron lesions
 - Normal stomach mucosa
 - Normal duodenum mucosa
 - Colonoscopy
 - Medium sized external hemorrhoids
 - Moderate diverticulosis in sigmoid colon
 - Otherwise normal colon
- Biopsy findings
 - No histologic abnormalities
 - No helicobacter organisms

TREATMENT

- Re-started on proton pump inhibitor
- 1000mg of intravenous iron dextran

What Makes this Case Unique?

-Hiatal hernia leading to iron deficiency anemia is often under-recognized

DISCUSSION

Case of iron deficiency anemia in a patient with a hiatal hernia

Causes of Iron Deficiency Anemia

- Blood loss
- Decreased absorption
- Reduced oral intake
- Hiatal hernias

Proposed Mechanism

- Patients with hiatal hernias can develop mucosal defects called Cameron lesions
- Even in absence of these lesions, pathophysiology thought to be due to the healing and recurring erosions

KEY POINTS

- Iron deficiency anemia can exist in the absence of Cameron lesions
- Treatment is typically with a proton pump inhibitor +/- Nissen fundoplication

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