

result, with the centered anal sphincter, the elastic anal ring, without stenosis, and maintaining muscle tonus. At the same time, the child present episodes of overflow encopresis and colostasis on the background of the dysmotility, caused by the caudal osteoneurogenic defect, with affecting of spinal nerve centers. Electrosphincterometry determines the bioelectric activity of the external anal sphincter muscle of the hypotone type, without signs of denervation. The anal canal profilometry at rest denotes a decrease of anal basal pressure. Profilometry in contraction, with vectorial projection of mAES denotes a symmetrical functional result in all quadrants, which shows that reconstructive proctoplasty has reached its goal in anatomical restoration of the defect, but the restoration of its function requires rehabilitation and individually tailored specialized stimulation treatment. During the time patient needed to dilate newly formed anal hole and canal, physio-kinetotherapeutic treatment, with balloon autotraining, biofeedback therapy, ultrasonotherapy, perianal and sphincterian electrostimulation.

**Conclusions.** High form ano-rectal atresia can be corrected by reconstructive surgery, but once the anatomical area is restored it needs to be "learned" to function according to normal physiology, this being possible through prolonged functional rehabilitation.

**Key words:** ano-rectal atresia, rehabilitation.

#### DEPARTMENT OF SURGERY NO.1 *NICOLAE ANESTIADI*

### 11. RARELY COMMON TYPE IV PARAESOPHAGEAL HERNIAS IN PATIENTS WITH CONCOMITANT DISEASES: A CASE REPORT

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**Background.** In different literature sources paraesophageal hernias (PEH) comprises from 5% to 10% of all hiatal hernias (HH). Symptoms are wide ranging and patients with PEHs are often labeled as asymptomatic or minimally symptomatic. Higher mortality rates are related to type III or IV hernias in elder patients with concomitant diseases. Thereby diagnostic of PEH can be challenging with high risk of reduced quality of life and fatal complications due to late onset diagnosis.

**Case report.** A 69 years old woman was diagnosed with schizophrenia in 2006 and in the past years has not taken any prescribed medication. Due to lack of eating and talking for 2 weeks, on 5th December 2019 she was hospitalized with primary diagnose - acute cerebral ischemia. A head CT scan revealed only bilateral mastoiditis. Chest x-ray showed type IV PEH. On 6th December 2019 chest CT scan showed wide retrocardiac HH with gastric inflammation in hernial sac and compromised right lower pulmonal lobe. After a thorough evaluation and physical examination, indications for acute operative treatment were not found. Patient was stabilized and started to eat and drink, although refused to take any further diagnostic tests. After repeated consultations with different specialists, a decision was made to compensate psychiatric condition followed by elective surgical PEH treatment. Diagnostics of PEH was delayed due to complicated background of concomitant diseases.

**Conclusion.** Not all PEHs presents symptomatic. Asymptomatic type IV PEH diagnostics may be challenging. This case report presents rarely common type IV PEH in patient with concomitant diseases which demands multidisciplinary approach. The major issue in clinical decision-making in PEH concerns the assessment of symptoms, where late onset diagnosis may lead to reduced quality of life and fatal complications.

**Key words:** Hiatal hernia, paraesophageal hernia, case report