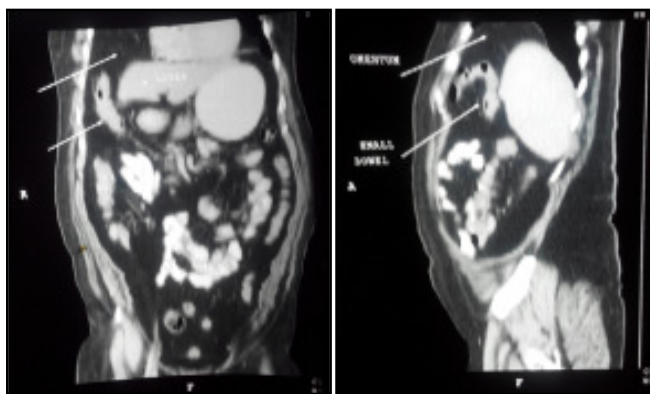


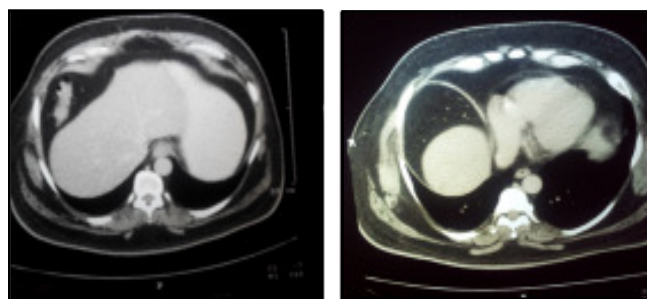
## Chiladiti Syndrome-Pictorial CME

N. S. Neki, Tamil Mani, Ramraj Meena, Himanshu Gupta



**Fig.1 - 4 CT Scan Showing Chiladiti Syndrome**

A 65 years old man presented to medical OPD with complaints of retro sternal chest pain radiating to the left arm, mild dyspnoea since 2 months. The symptoms were exacerbated with the patient lying on his left side and subsided in the supine position. He reported the subjective feeling of a mass moving from the abdomen toward the chest during episode of his symptoms. He was known hypertensive under regular treatment. He was non diabetic and a chronic smoker in the past. Patient was not relieved of his symptoms despite regular treatment. On examination, the patient's general condition was fair. His physical examination were normal. The pulse rate was 72 per minute and blood pressure was 130/70 mmHg. Blood and urine examination were within normal limits. ECG, echocardiography were normal. Chest X-ray (PA view) revealed coils of colon interposed between the liver and diaphragm, compressing and displacing the heart, elevation of right dome of diaphragm. CT confirmed the diagnosis of chiladiti syndrome (*Fig-1- 4*). The patient performed well on pulmonary function tests and spirometry results were within normal limits. His diffusion lung capacity was also found to be normal. On the basis of history, clinical symptomatology and radiological



investigations, patient was diagnosed as a case of chiladiti syndrome with atypical presentation as angina pectoris. The patient was treated conservatively with nasogastric decompression, enemas and parenteral electrolyte solution. His symptoms resolved fully within 24 hours. chiladiti syndrome is a rare condition when pain occurs due to transposition of a loop of large intestine in between the diaphragm and the liver. The term chiladiti's sign is most often used for peculiar radiographic presentation; however if associated with symptoms, the condition is called as chiladiti's Syndrome (1). Its incidence around 0.1% to 1% in series of older adults. Most of the symptoms are always related to the gastro intestinal tract itself such as, most commonly, abdominal pain, dyspepsia and intestinal obstruction due to volvulus. Investigations conducted in this patient ruled out any ischemic cardiac aetiology and showed that the symptoms were caused most likely by the motion of the colon into the chest. Very few cases have been reported worldwide with similar findings (2).

### References

1. Saber AA, Boros MJ. Chilaiditi's syndrome: what should every surgeon know? *Am Surg* 2005; 71: 261-3.
2. Sorrentino D, Bazzocchi M, Badano L. Heart touching Chilaiditi's syndrome. *World J Gastroenterol* 2005; 11: 4607-09

**From the Dept. of G. Medicine, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, 143001, Punjab, India**

**Correspondence to :** Dr NS Keki Professor of Medicine, Deptt. of G. Medicine, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, Punjab