

Emphysematous gastritis

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Abstract

An 89-year-old woman who had type 2 diabetes mellitus suddenly presented with abdominal pain. Abdominal computed tomography showed thickening of the wall and intramural gas in the gastric hilum, suggesting emphysematous gastritis. The patient underwent treatment with a proton pump inhibitor, and broad-spectrum antibacterial agents.

Clinical Pictures

Emphysematous gastritis

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Text

An 89-year-old woman who had type 2 diabetes mellitus and chronic kidney disease had been admitted to our hospital for rehabilitation. She suddenly presented with abdominal pain, vomiting, and hypotension. Abdominal computed tomography showed thickening of the wall and intramural gas in the gastric hilum, suggesting emphysematous gastritis, along with portal gas in the left lobe of the liver (Fig. 1A). The patient underwent treatment with a proton pump inhibitor, and broad-spectrum antibacterial agents. Blood cultures taken prior to the initiation of antimicrobial therapy were negative. Two weeks after the onset, endoscopy showed post-hemorrhagic changes in the gastric mucosa on the upper gastric bends (Fig. 1B). The patient gradually recovered, resumed oral intake, and was discharged.

Emphysematous gastritis is caused by gas-producing bacteria, the mortality rate has been reported to be 55.3% (1). As in our case, diabetes mellitus, malnutrition, and renal failure are risk factors for the disease (1).

Although it is important to differentiate it from gastric emphysema, cystic emphysema in the gastric wall is a characteristic of emphysematous gastritis on a CT scan (2). When a patient with the above-mentioned risk factors has sudden abdominal pain, emphysematous gastritis should be included in differential diagnosis.

Key words: emphysematous gastritis; phlegmonous gastritis; portal venous gas.

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Figure Legend

Figure 1. Abdominal computed tomography showing emphysematous gastritis and portal venous gas (A), and endoscopic findings (B).

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