

Exuberant Gastric Distension

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CASE DESCRIPTION:

An 87-year-old female patient with history of hypertension, dyslipidemia and Parkinson disease, enters in the emergency room with complaints of dyspnea after vomiting food content. The patient had undergone terminal colostomy due to a recto-vaginal fistula, three years ago.

Laboratory evaluation showed infiltration in the right lower pulmonary lobe, hypoxemic respiratory failure and hyperlactaemia. Aspiration pneumonia was assumed, and the patient

was admitted to the internal medicine service where she started empirical antibiotic therapy with amoxicillin and clavulanic acid. A nasogastric tube was placed due to persistent vomiting with food intolerance. During hospitalization, the patient had complained of abdominal pain with maintained drainage of fecaloid content, experienced worsening of inflammatory parameters. In the suspicion of an occlusive intestinal condition, an abdominopelvic computerized tomography was per-



Figure 1: Abdominopelvic computerized tomography showing an enlargement of the stomach to the pelvis.



Figure 2: Upper digestive endoscopy showing a stenosis of the gastric antrum which did not allow the progression of the endoscope.

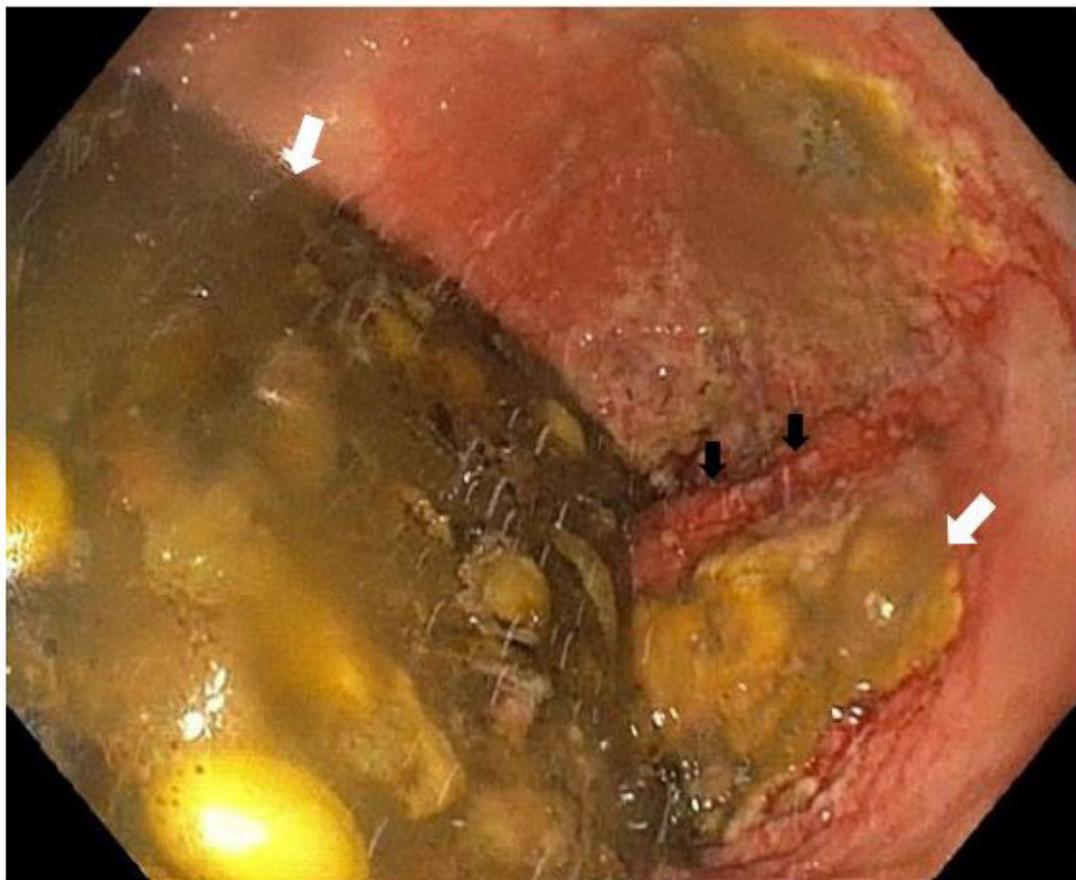


Figure 3: Upper digestive endoscopy showing areas of ulcerated mucosa (black arrows) and stasis food content (white arrows).

formed, which showed an exuberant gastric distension with enlargement of the stomach to the pelvis (Figure 1). Upper digestive endoscopy revealed an antrum stenosis (Figure 2) and the presence of stasis content with areas of ulcerated mucosa (Figure 3). Patient's clinical condition worsened, and she died one week later.

Several common neurologic disorders are associated with dysmotility of the upper gastrointestinal tract and resultant gastroparesis. Extrinsic neural control of gastrointestinal tract, myenteric plexus and autonomic nervous system can be affected in Parkinsonism [1-3]. In fact, enteric nervous system dysfunction may precede motor symptoms in this neurologic disorder [4]. Additionally, some medications used to treat this condition can also contribute to gastric stasis [5]. Although gastrointestinal transit time is slower in elderly people, particularly in patients with Parkinson disease, it is important to consider the possibility of an intestinal occlusion in persistent vomiting scenarios.

Conflicts of Interest:

None.

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