Case	(598) Gastric volvulus: an uncommon cause of epigastric pain.
Authors	C. Picón Serrano, R. Romera Sánchez, M. García-gómez Muriel, C. Campos Ferrer, I. Pecharromán De Las Heras, A. Palomera Rico.
Centre	Hospital Ramón Y Cajal.

CASE PRESENTATION

A 88-year-old male patient attends the emergency department for brown vomiting on 2 occasions. No fever. As a history of interest, the patient suffered from chronic renal disease and giant hernia of hiatus. On physical examination, the abdomen was depressible and painless. Blood test was anodyne. The abdomen was X-rayed, observing a distension of the gastric chamber, without dilation of intestinal loops.

Nasogastric tube was placed and the patient underwent an abdominopelvic CT scan without administration of intravenous contrast, in which radiological signs of volvulus of the axial mesentery of the stomach were identified, observing significant distension of the gastric chamber. Anthropyloric region is in cranial disposition related to the cardias, with the radiological sign of the double bubble. The mucosal enhancement cannot be assessed, but immediately cranial to gastric body there is linear disposition gas that could be related to venous gas, a finding that could be related to intestinal suffering.

Free perihepatic and periesplenic liquid. No pneumoperitoneum. Bilateral patched pulmonary opacities predominant in declining regions that might be related to bronchoaspiration.

Rest of the study without signs of urgent pathology. After ruling out surgical treatment due to the patient's comorbidities, endoscopic treatment is decided, identifying abundant liquid-semisolid content in the gastric chamber. Stomach mucosa was friable, with superficial erosions in esophagogastric junction.

DISCUSSION

Volvulus of the gastrointestinal tract, a clinically relevant cause of acute or recurring abdominal pain in adults, remains a diagnostic dilemma for radiologists in a large number of cases.

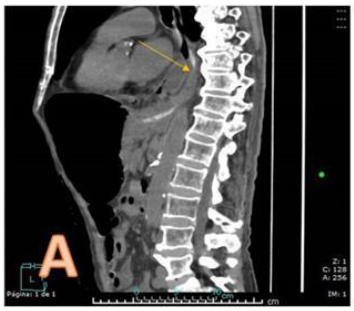
The stomach is a relatively uncommon site of volvulus. Patients with acute gastric volvulus typically present with epigastric pain, nausea, and vomiting. The main complication is foregut obstruction.

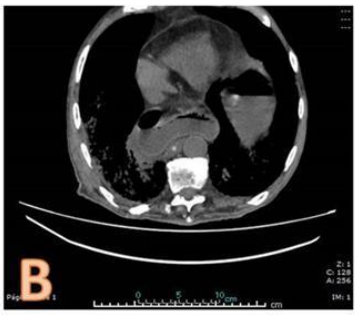
Radiographic findings include herniation of a large portion of the stomach above the diaphragm, often with differential air-fluid levels. Multi–detector row CT often is performed in the setting of epigastric pain and vomiting and can help confirm the rotation of the herniated stomach and the transition point.

CONCLUSION

gastric volvulus is an uncommon but potentially severe cause of epigastric pain and vomiting. A delay in diagnosis can have devastating consequences, including bowel

ischemia and infarction, so prompt diagnosis is essential. In this diagnosis, X-rays and CT are extremely helpful.





A. Sagital image of the duodenal bulb in a cranial disposition, above the diafragm (arrow), with nasogastric tube.
B. The same in A but in axial
C. Coronal image. Distension of the gastric chamber .

BIBLIOGRAPHY

- Christine M. P, et al. Volvulus of the Gastrointestinal Tract: Appearances at Multimodality Imaging. RadioGraphics 2009. 29: 1289-1293. Published online. 10.1148/ rg.295095011. Disponible en: https://pubs.rsna.org/doi/pdf/10.1148/rg.295095011

- Fadi. A. D et al. Acute Organoaxial gastric volvulus: A massive problem with a twist-case report. Int J Surg Case Rep. 2017; 41: 366–369. Published online 2017 Nov 13. doi: 10.1016/j.ijscr.2017.11.016. Disponible en: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5709345/

- Preethi G, et al. CT of gastric emergencies. RadioGraphics 2015; 35:1909–1921 Published online 10.1148/rg.2015150062. Disponible en: https://pubs.rsna.org/doi/pdf/10.1148/rg.2015150062