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IMAGE | STOMACH

Emphysematous Gastritis: An Ominous Diagnosis Managed Conservatively

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Case Report

A 54-year-old female with HIV, diabetes, and chronic obstructive pulmonary disease (COPD) presented with altered mental status, diabetic ketoacidosis, nonspecific gastrointestinal symptoms, and a buttock abscess. Initial abdominal and pelvic computed tomography (CT) without contrast demonstrated a small pericardial effusion, air in the gastric wall, and perianal abscess. Amid worsening leukocytosis (22.500/mm^3), a wide excisional debridement of abscess was performed and later repeated. CT angiography of the chest demonstrated a markedly distended stomach with small amount of portal venous air (Figure 1). Abdominal X-ray of the kidney, ureters, and bladder (KUB) demonstrated a distended stomach with wall emphysema and gas collection within the gluteal region (Figure 2). Esophagogastroduodenoscopy (EGD) revealed black eschars and exudates in the stomach body and fundus (Figure 3). When gastric wall air is present, emphysematous gastritis—with a mortality rate of 50–80%—must be properly distinguished from the more common and less devastating gastric emphysema.[1,2] Air within the

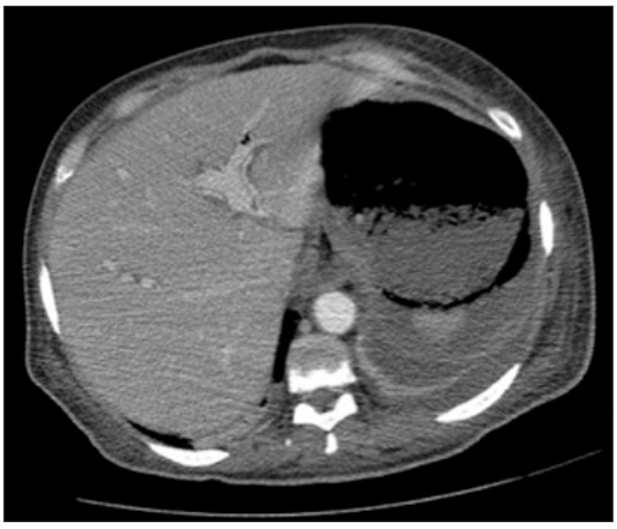

Figure 1. CT chest angiography demonstrating portal venous air and a mottled, non-linear air pattern in the gastric wall.

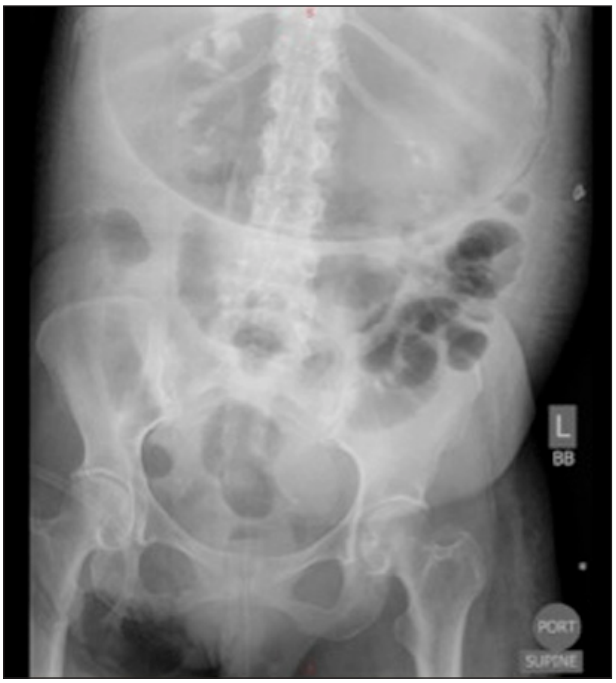

Figure 2. Abdominal X-ray of kidney, ureters, and bladder (KUB) showing gas/air within both the gastric lumen and the stomach wall.

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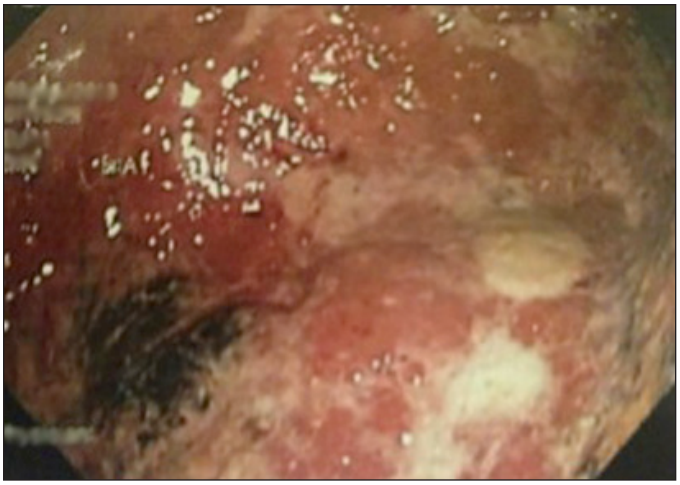

Figure 3. EGD demonstrating black eschars and exudates in the body and fundus of the stomach.

gastric wall, together with portal venous air, leukocytosis, and a source of infection all support the diagnosis of emphysematous gastritis.[3,4] Without evidence of sepsis or ischemia, surgical intervention was not indicated. Conservative management with bowel rest, parenteral nutrition, and broad-spectrum antibiotics was successful.[5] The role of endoscopy in cases like this is strictly to monitor severity, identify gastric necrosis, and exclude other pathology.

Disclosures

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