

Olgu Sunumu

Gastric Diverticula

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Abstract

Gastric diverticula are extremely rare conditions and are usually detected incidentally during upper endoscopic examination. These can sometimes be diagnosed on barium study of upper gastrointestinal tract. Gastric diverticula are almost always located on the posteromedial wall of the fundus and are commonly asymptomatic. Rarely, abdominal discomfort and pain may be presented. Gastric corpus and antrum are unexpected localizations for gastric diverticula. Herein we report two different cases with gastric diverticula of gastric corpus and antrum.

Key words: Gastric diverticula, pyloric stenosis, anemia

Introduction

Gastric diverticula are rarely found during upper gastrointestinal endoscopy and are detected in less than 1% of patients. Most of them are discovered as incidental findings on endoscopy or radiologic studies (1,2).

These are mostly single and located on the posterior wall of the gastric lesser curvatura and generally range in size from 1 cm to 5 cm in diameter (3).

Gastric diverticula may rarely cause ulceration, bleeding as well as epigastric pain. They may also present as false intrabdominal masses (4).

Herein we report on two cases who presented with epigastric pain that was associated with gastric diverticula.

Case Reports

Case 1: A 65 year-old-man was presented to emergency unit with emesis and loss of weight. His biochemical examination revealed hypokalemia and mild anemia. CT of abdomen revealed gastric dilatation.

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He was treated with potassium containing intravenous fluids and intravenous omeprazole. A nasogastric tube was also inserted. On the second day of hospitalisation, an esophagogastroduodenoscopy revealed pyloric edema due to a large bulber ulcer with a large gastric diverticulum on the posterior wall of gastric corpus (Figure 1). One week later, abdominal complaints and emesis were resolved and the patient was discharged with pantaprazole 40 mg/day.



Fig. 1. A large gastric diverticulum in patient with pyloric obstruction.

Case 2: A 44 year-old-man was admitted to our clinic with abdominal pain. Physical examination showed mild hepatomegaly with nonspecific abdominal tenderness. Laboratory and radiologic results were in normal limits. Abdomen CT

revealed no abnormality except hepatomegaly (170 mm). An endoscopic examination of upper gastrointestinal tract showed a gastric diverticulum on the gastric antrum (Figure 2). Pantaprazol 40 mg/day was prescribed and at the end of the treatment, abdominal symptoms were resolved.



Fig. 2. A gastric diverticulum on the posterior wall of greater curvature.

Discussion

Gastric diverticula can be congenital or acquired. Congenital form of the disease comprises around 2/3 of all gastric diverticula and is mostly detected at posterior wall of the lesser curvature. However, acquired forms are generally found on antral localisation and have no true muscular layers (pseudodiverticula) (5). Acquired gastric diverticula are mostly developed due to gastric outlet obstruction, foreign bodies as well as perigastric adhesions (6).

As described above, first patient had pyloric obstruction due to duodenal ulcer and second one had no associated disorder on his gastrointestinal tract. CT of abdomen may often fail to detect the gastric diverticula (7). As was seen in our cases abdominal CT failed to reveal the diverticulum.

Treatment of asymptomatic gastric diverticula is not well defined but as a rule surgical approach should be performed in patients with bleeding, perforation or diverticulum-related symptoms (8, 9). The surgical treatment of gastric diverticula consists of a classic median laparotomy and surgical excision; however, this procedure is only considered for patients with diverticulum-related complications (10).

In presented cases, we did not perform surgical laparotomy due to lack of complications. Finally, gastric diverticula should be kept in mind particularly in patients suffering abdominal

complaints. Additionally, gastric diverticula can be seen in gastric corpus and antrum as well.

Gastrik divertikül

Özet

Gastrik divertiküller çok nadir görülen bir durumdur ve genellikle üst gastrointestinal endoskopi esnasında rastlantısal olarak saptanır. Bazen de üst gastrointestinal sistemin baryumlu çalışmalarında teşhis edilebilir. Gastrik divertiküller hemen her zaman fundusun posteromedial duvarında yerleşir ve genellikle asemptomatiktir. Nadiren karında rahatsızlık ve ağrı olabilir. Mide korpus ve antrum bölgeleri gastrik divertiküller için beklenmeyen lokalizasyonlardır. Biz burada gastrik korpus ve antrum divertiküllü farklı iki vakayı sunuyoruz.

Anahtar kelimeler: Gastrik divertikül, pilor stenozu, anemi

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