Pneumoperitoneum from acute gastric dilation and perforation

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DESCRIPTION

Acute gastric dilation with perforation is a rare clinical entity whose aetiology is not completely understood.¹ This problem may occur secondary to trauma, diabetes mellitus, electrolyte disturbances, gastric volvulus, infection, psychiatric or eating disorders, or in the immediate postoperative period. This condition requires a high index of suspicion that enables early diagnosis and treatment.^{2,3}

We present a case of a 48-year-old woman who presented to the emergency department with complaints of diffuse abdominal pain and vomiting for 1 day. The patient had a history of ulcerative colitis with uveitis and arthritis, well controlled with immunotherapy.

At physical examination, the patient was without fever, haemodynamically stable, with diffuse abdominal pain with contracture and rebound tenderness. The X-ray showed pneumoperitoneum and massive gastric dilation (figure 1).

An exploratory laparotomy was performed, revealing acute gastric dilation, with multiple longitudinal lacerations in the small curvature and areas with necrosis and perforation up to the subcardic area (figure 2). No obstructive bowel or gastric lesions were found. The patient underwent a total gastrectomy with stapled Roux-en-Y anastomosis. She was discharged on the 12th postoperative day, without complications. Histological examination

Figure 2 Surgical specimen revealing areas of necrosis and perforation.

confirmed the prior diagnosis. At 3 years of follow-up, the patient is asymptomatic.

Acute gastric dilation is a rare condition with potentially lethal consequences. Early diagnosis and prompt surgical treatment are essential in the management of the patient. The presence of immunosuppression, like it was described in this case, may delay diagnosis due to the absence of early symptoms.

Learning points

- ▶ Acute massive gastric dilation is a rare disease with poorly understood aetiology.
- ▶ A high index of suspicion is important, which enables early diagnosis and treatment, minimising the morbidity and mortality caused by this entity.
- ▶ Surgical therapy with resection is mandatory in this condition.

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Figure 1 Abdomen X-ray showing pneumoperitoneum and massive gastric dilation.

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