Large gastric diverticulum

L Mnif, A Amouri, M Masmoudi, N Tahri

Citation

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Abstract

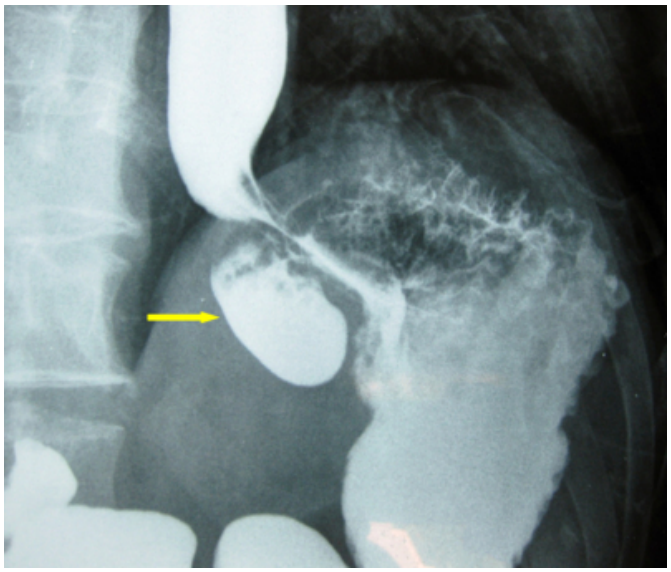
Gastric diverticula are infrequent anatomic abnormalities that are usually asymptomatic. We report a case of large gastric diverticulum.

CASE

A 63-year-old man was admitted with epigastric pain. Endoscopy revealed an erosive gastropathy and a pouch arising from the posterior aspect of the greater curve, 8 cm from the hiatus. This was interpreted as diverticulum. Barium meal confirmed the presence of a 5 cm diameter diverticulum arising from the gastric fundus (figure 1).

Figure 1

Figure 1: Large diverticulum arising from the posterior aspect of the gastric fundus



DISCUSSION

Gastric diverticula are uncommon. Prevalence ranges from 0,04% in barium meal radiographs and 0, 01% - 0, 11% at endoscopy. These occur equally in men and women, typically in the fifth and sixth decades. Most are single saccular diverticulum and form in the posterior wall or the lesser curve, near the gastroesophageal junction (2). They are usually 1 - 3 cm in diameter and can be divided into true diverticula comprising all gastrointestinal layers and pseudodiverticula which are often found in the antrum (1,3,4). Small diverticula are usually asymptomatic but large diverticula may aggravate symptoms of more common gastrointestinal pathologies. Severe complications including perforation, hemorrhage, and cancer formation within a diverticulum may occur (3,4,5). Methods of detection can fail; therefore, a combination should be used (3). Visualization of diverticulum may be difficult, which require a careful examination of the whole stomach, including the fundus, at gastroscopy. It emphasizes the value of a barium meal when endoscopy failed to show lesion and when endoscopic findings require further clarification. Even so, contrast studies may miss up to 5% of lesions because of a narrow diverticular neck preventing entry of contrast media. Sometimes, surgical treatment may be needed. Because of difficulty with visualization of the area, intraoperative endoscopy can be helpful (4).

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Author Information

Leila Mnif, MD
Department of gastroenterology, Hedi Chaker University Hospital, Sfax, Tunisia.

Ali Amouri, MD
Department of gastroenterology, Hedi Chaker University Hospital, Sfax, Tunisia.

Mohamed A Masmoudi, MD
Department of gastroenterology, Hedi Chaker University Hospital, Sfax, Tunisia.

Nabil Tahri, MD
Department of gastroenterology, Hedi Chaker University Hospital, Sfax, Tunisia.