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Clinical Image

Gastric-Outlet Obstruction

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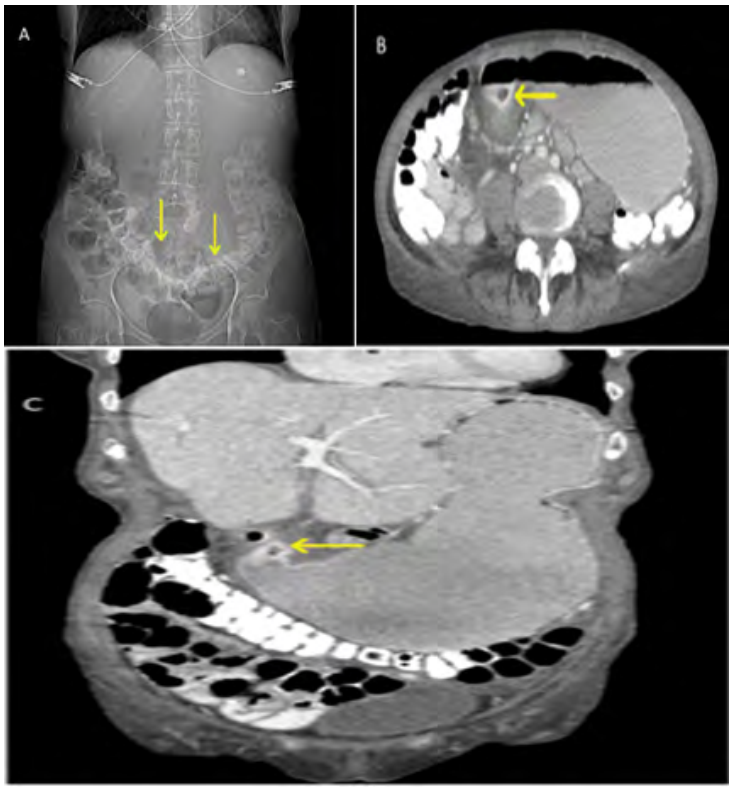

Figure 1: A) Abdominal radiograph showed inferior displacement of transverse colon B) computed tomography (CT) showed a distended stomach, pyloric inflammation C) Computed tomography (CT) showed partial gastric outlet obstruction (GOO).

Clinical Image

An 80-year-old lady presented after "passing out" on rising from her bed. This was preceded by 4 weeks of diffuse, dull, intermittent, non-radiating abdominal pain, associated with bloating, which was more to solids than liquids and relieved by vomiting. She noted early satiety, a 15 lbs weight loss (last 3 months) and constipation. Examination revealed a malnourished woman with temporal and supraclavicular wasting. Her abdomen was distended, tender, with a "succussion splash" 9 hours after her last meal. Lab results were consistent with hypokalemic hypochloremic metabolic alkalosis and prerenal azotemia. Abdominal radiograph showed inferior displacement of Transverse Colon (Figure 1A). Computed Tomography (CT) showed a distended stomach, pyloric inflammation (Figure 1B) and partial gastric outlet obstruction (GOO) (Figure 1C). Subsequent EGD showed pyloric stenosis with partially obstructing duodenal bulb ulceration. Biopsy was negative for *H. pylori* infection, scar tissue or malignancy. She was treated with intermittent NG tube suction and intravenous proton pump inhibitors (PPI's). Her diet was progressively advanced. She was discharged home on oral PPI's and was symptom free at 4-week follow-up.

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