Acute gastric dilatation in a young woman

CASE

A 28-year-old woman presented with no history of psychiatric disorder or major systemic disease. She had abdominal distension with vomiting after a large meal in an 'all you can eat' restaurant. The abdomen plain film and CT demonstrated severe distension of stomach in entire abdominal pelvic cavity (figure 1). Conservative treatment with nasal gastric tube drainage was initiated, and 8 h later, her condition improved after 3 litres of food materials were drained. The following upper gastrointestinal series showed the stomach was in a smaller size than 2 days ago. The push enteroscopy showed neither narrowing nor stricture of the small intestine. After 6 months follow-up, there is no abdominal discomfort or gastric problems.

Although our patient had no anorexia nervosa, she still experienced an acute gastric dilatation after a large amount of food. When acute gastric dilatation is suspected, nasogastric decompression and intravenous fluid resuscitation should be performed as soon as possible to avoid necrosis and fatal outcome.[1]

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Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; not externally peer reviewed.

Accepted 27 May 2010
Published Online First 25 March 2011

Emerg Med J 2013;**30**:605. doi:10.1136/emj.2010.099010

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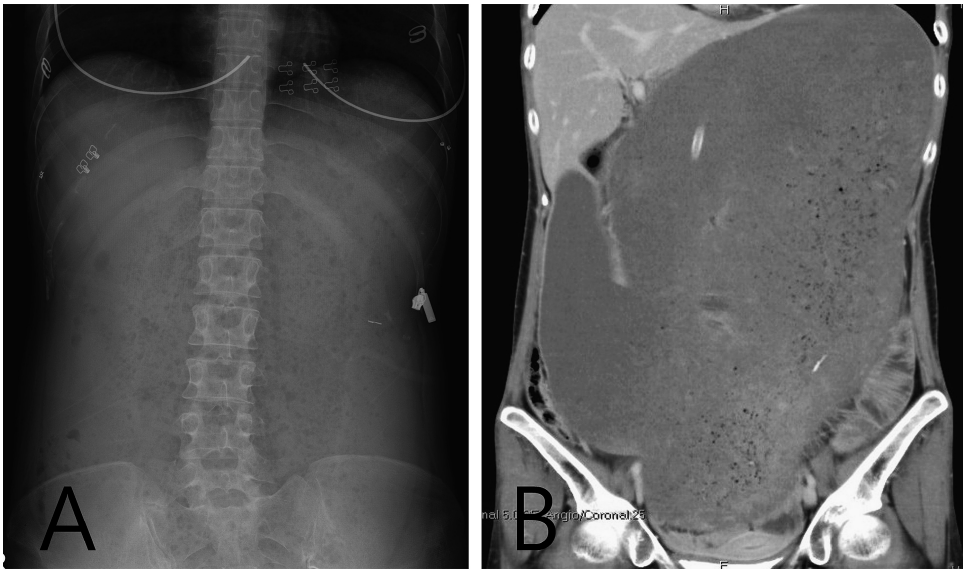

Figure 1 A. The abdomen supine, plain film; a huge mass in the mid abdomen extends to the pelvic cavity. B. Reconstructive coronal view of the abdominal CT; severe distension of the stomach into the entire abdominal pelvic cavity, which was filled with gas and food material.