Emphysematous Gastritis

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A 58-year-old man presented an acute onset of diffuse abdominal pain and melena 1 day after he ingested a plastic foreign body. He was afebrile and hemodynamically stable with a distended tender abdomen and absent bowel sounds. Laboratory findings demonstrated leukocytosis (white blood cell count, 13,200 mm³). An abdominal computed tomography (CT) scan without contrast showed air within the gastric wall (**image**, red arrows), and treatment for emphysematous gastritis was initiated. Management consisted of nothing by mouth orders, total parenteral nutrition, intravenous pantoprazole, and broad-spectrum intravenous piperacillin-tazobactam for 10 days. The patient was discharged in stable condition.

Fewer than 200 cases of emphysematous gastritis have been described in the literature. It is characterized by the presence of air in the gastric wall, secondary to a bacterial infection, and has been associated with a mortality rate of up to 60%.¹

It is important to distinguish this entity from gastric emphysema, which is a benign radiologic finding.³ Imaging with CT is the diagnostic investigation of choice, and conservative management is the mainstay of therapy, with early initiation of broad-spectrum antibiotics. In the acute setting, the role for surgery has not been well defined and is often reserved for patients who deteriorate despite optimal medical management or when there is evidence of infarction or perforation.¹ (doi:10.7556/jaoa.2019.140)

References

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