A 72-year-old man presented to the emergency department with a 2-week history of epigastric pain and melena. Physical examination revealed normal vital signs and mild epigastric tenderness. Computed tomography (CT) of the abdomen revealed a round nodular shadow in the stomach (Figure A). Considering the ill-defined and strange CT findings in this patient, gastroscopy was initially assessed and confirmed a 10-cm-diameter gastric phytobezoar with necrotic pressure ulcer of the angulus (Figure B, C). A diagnosis of gastric phytobezoar was made. Further questioning of the patient found that he had eaten dried persimmons. Gastric phytobezoars are likely to be formed after ingestion of dried persimmons, which usually cause ulcerative lesions in the stomach and subsequent bleeding [1]. The currently available treatment options for a gastric phytobezoar include dissolution of the phytobezoar by Coca-Cola and removal by endoscopic devices [2, 3]. Oral administration of Coca-Cola is often performed in an attempt to soften the phytobezoar because endoscopic fragmentation with biopsy forceps is a big challenge due to the hard consistency [4]. In this patient, we fragmented the phytobezoar into smaller pieces with the help of Coca-Cola lavages. Finally, endoscopic fragmentation and removal were successful. The patient was then discharged home with a 2-month course of rabeprazole 10 mg twice daily administered for peptic ulcer. Follow-up endoscopy at 3 months revealed the absolute disappearance of any residual fibers and the ulcer healed.

Figure 1: Gastric phytobezoar. (A) Axial CT image of round nodular shadow in stomach (arrow); (B) endoscopic view of an indigestible mass of 10 cm diameter in the lesser curvature; (C) pressure ulcer caused by gastric phytobezoar

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Reference