

Annals of Medical & Surgical Case Reports

Image Article

Huang P, et al. Ann Med & Surg Case Rep: AMSCR-100084

Gastric Retention by Pyloric Channel Ulcer

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Citation: Huang P, Zhang FF, Liu W (2020) Gastric Retention by Pyloric Channel Ulcer. Ann Med & Surg Case Rep: AMSCR-100084

Received date: 12 December 2020; **Accepted date:** 23 December 2020; **Published date:** 29 December 2020

A 69-year-old woman presented to the emergency department with a 1-month history of increasing epigastric pain and vomiting. Her medical history was notable for hypertension, and she denied taking non-steroidal anti-inflammatory drugs. Her temperature was 36.8°C, the pulse 72 beats per minute, and the blood pressure 130/83 mm Hg. Her abdomen was soft, with mild epigastric tenderness and normal bowel sounds. Gastric peristaltic wave and typical succussion splash in the upper abdomen were clinically revealed. Computed tomography (CT) of the abdomen revealed retention of stomach contents after 24 hours fasting (Figure 1A). The gastroscopy showed ulcer in the pyloric channel after application of a 1-week course of gastrointestinal decompression and proton pump inhibitor (PPI) treatment (Figure 1B), and C14 urease breath test was negative. The histopathological detection of the margin of ulcer revealed chronic ulcer of mucosa with granulation tissue and fibrocyte proliferation. A diagnosis of gastric retention by pyloric channel ulcer was made. She was discharged home with resolution of epigastric pain and vomiting symptoms, as well as pursuing a 2-month course of PPI treatment. After the procedure, she had repeated endoscopy revealing the ulcer healed and scars left.

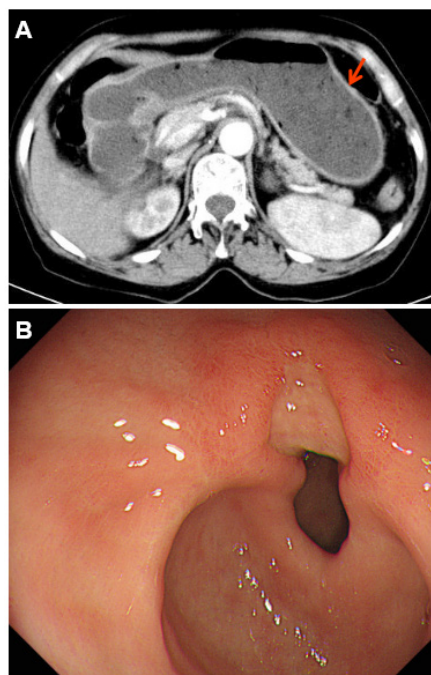


Figure 1: Gastric retention by pyloric channel ulcer. (A) Axial CT image of retention of stomach contents (arrows); (B) Gastroscopy image of pyloric channel ulcer

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Acknowledgements

Funding: This work was supported by National Natural Science Foundation of China (31600134).

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this “Images in Clinical Medicine”.