A Case of Gastric Obstruction: A Giant Stomach

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Abstract
A seventeen-month-old boy presented with a seven-day history of vomit and abdominal pain. After treatment of prokinetics agents, his symptoms of vomiting remitted. However, he began to have continuous abdominal distension with worse mental status and his stomach is giant. Gastric obstruction was caused by eating myrica rubra. The patient have congenital malformation which make the condition even worse. Gastric obstruction complicated with congenital malformation is easy to be misdiagnosed in children and the key to improve poor clinical outcome is early diagnosis and treatment.

Introduction
A seventeen-month-old boy presented with a seven-day history of vomit and abdominal pain. An ultrasonic inspection was taken and without any changes, he was diagnosed with functional dyspepsia. After treatment of prokinetics agents, his symptoms of vomiting remitted. However, he began to have continuous abdominal distension with worse mental status. An abdominal X-ray was performed, which revealed lots of gas (Figure 1). Computed tomography revealed 10 high

Figure 1: Abdominal X-ray revealed lots of gas in stomach.
intensity shadows in the significant distended stomach and a round focus (the largest measured 1 cm in diameter) obstructed the gastric outlet (Figure 2). Upper gastrointestinal imaging revealed the intrathoracic gastric volvulus and wandering spleen, which impaired transit of intraluminal contents from the cardia. The patient underwent gastrointestinal decompression and a great deal of gastric content (more than 2000 ml slightly red liquid with alcoholic flavor) was drained off. The patient excreted myrica rubra kernels after receiving supportive care. The symptoms were reappeared and deteriorated during hospitalization. Gastric obstruction complicated with congenital malformation is a complicated disease and easy to be misdiagnosed in children. Obstructed stomach provided a platform for yeast production and rotten brewing food fermentation, like a wine cellar. The key to improve poor clinical outcome is early diagnosis and treatment.

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