Idiopathic Culture Neagtive Suppurative Gastritis with Gastric Abscess

Somtochukwu Onwuzo, Ashraf Almomani, Antoine Boustany, Eduard Khristopaytis, Prabhat Kumar, Feras Alkhalaileh, Hassan Shaheen, Ala Abel-Jalil
Cleveland clinic-Fairview Hospital

Introduction

Suppurative gastritis is known to be an uncommon fatal infectious process involving the gastric wall. There are several mechanisms associated with the development of Gastric intramural abscess ranging from direct mucosal injury from a foreign object to reflux of proximal intestinal bacteria, the hematogenic or lymphatic spread of any infection from a distant site. Regardless of the etiology, the mortality rate was previously known to be as high as 90% but has decreased over the years as huge leaps have been made with regards to the treatment plan. We present to you our case of a 27-year female who presented with sub-acute abdominal pain secondary to intra-mural abscess with no typical risk factor which could have contributed to the development of disease process.

Case Presentation

A 23-year-old female with unremarkable medical history presented to the emergency department with epigastric pain for 1-week. She endorsed chills, nausea, and non-bilious vomiting. There was no history of foreign body ingestion, prior endoscopy, proton pump inhibitor, tobacco, or recreational drug use.

Case Presentation

Patient reported drinking two bottles of wine a week over the month before her illness due to stress and constant use of non-steroidal anti-inflammatory drugs (NSAIDs) for relieving menstrual pain
On exam, she had mild epigastric tenderness. Laboratory work was significant for mild leukocytosis. Computed tomography revealed a lobulated mural thickening and submucosal edema involving distal gastric body & antrum, with a 4.3 cm rim-enhancing intramural collection suggestive of an abscess (Image 1a). The patient was started on empiric broad-spectrum antibiotics & Pantoprazole and intravenous fluids. Endoscopy showed a cratered ulcer in the antrum with a central sinus tract leading to the gastric wall. There was no pus exuding, and the abscess appeared to have drained spontaneously (image 1b). Mucosal biopsies were negative for Helicobacter pylori. On endosonography, there was wall thickening of the distal stomach, measuring 20 x 35 mm, with a central hypoechoic sinus tract. The lesion originated from the deep mucosal layer (image 1c).

Case Presenatation

Fine needle biopsy revealed acute inflammation with pus in the gastric wall compatible with abscess. Cytology was negative for malignant cells. The patient was discharged on oral amoxicillin-clavulanate to complete ten days of therapy.

Patient Follow-up

Upon repeating endoscopy, two months later, the distal gastric ulcer healed completely, and the patient was doing very well (image 1d).

Conclusion

Intramural gastric abscess is rare. Foreign body ingestion, systematic spread of infection, or prior endoscopic intervention have been described as etiologic factors. NSAIDs could be a potential contributing factor. Prompt recognition, endoscopic drainage, and antibiotic therapy are essential to improve the outcome.

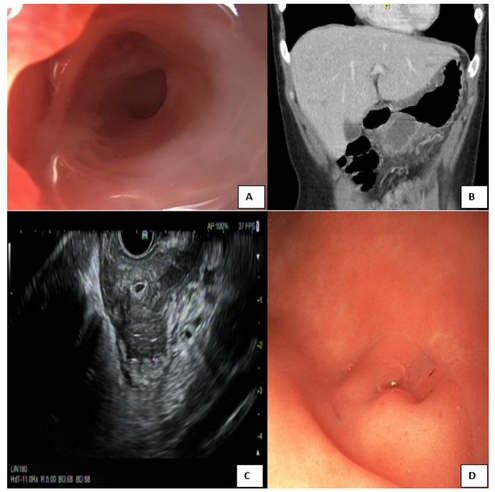

Image 1: EUS & Endoscopic finding of gastric mural abscess with a visualized sinus tract inside the thick antral wall

Contact

Somtochukwu Onwuzo, MD
Cleveland clinic – Fairview Hospital
Email: onwuzos@ccf.org
Phone: 8325189058

© Poster Template by Genigraphics® 1.800.790.4001 www.genigraphics.com