

A Case of Gastric Volvulus: Examining a Complication of Paraesophageal Hernia

INTRODUCTION

- Chronic gastric volvulus is difficult to diagnose without endoscopy, and it is worrisome for development of gastric outlet obstruction or strangulation.
- Risk factors for chronic gastric volvulus include age above 50, pre-existing abdominal or diaphragmatic abnormalities, phrenic nerve paralysis and kyphoscoliosis.
- Borchardt's triad describes symptoms seen in 70% of cases of gastric volvulus and includes severe epigastric pain, retching without vomiting, and inability to pass a nasogastric tube.
- Early endoscopy can help in confirming diagnosis of gastric volvulus and provides an opportunity for early nonsurgical intervention.
- If undiagnosed, overall case mortality is around 30-50%.
- We present a case of chronic mesenteroaxial gastric volvulus, a less common form of gastric volvulus, which is defined as a rotation of the gastric antrum above the gastroesophageal junction.

PRESENTATION

A 73-year-old man with a history of GERD presents with two weeks of worsening abdominal pain, unintentional weight loss, early satiety, and dysphagia. Initial evaluation shows unremarkable physical exam and labs.

IMAGING



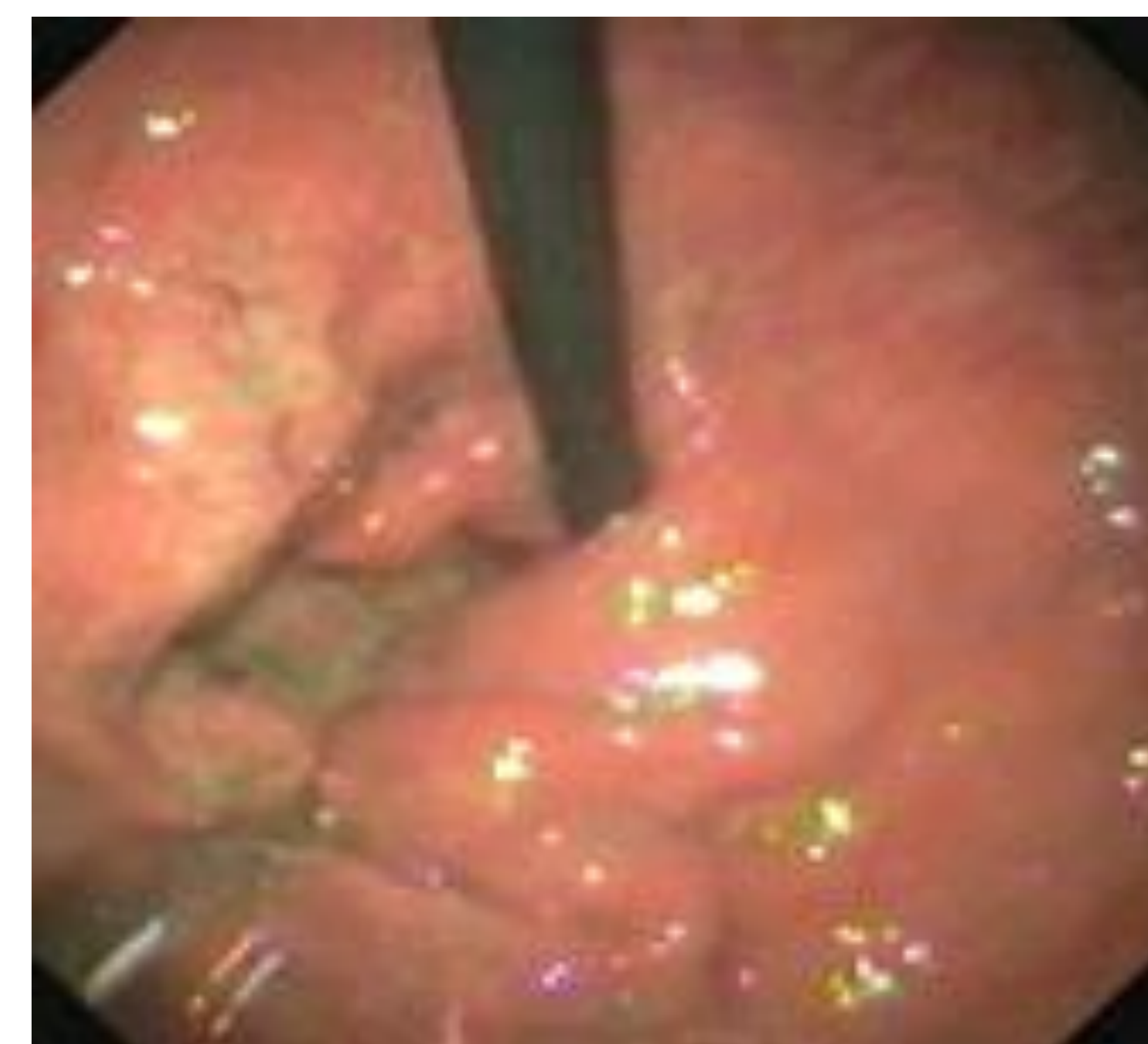
1: CT shows 9cm of paraesophageal hernia.



2: Paraesophageal hernia and the opening of gastric antrum. Representing a mesenteroaxial rotation.



3: Fluoroscopy placement of feeding tube is incomplete due to gastric volvulus as described in the Borchardt's triad.



4: Repeat EGD demonstrates the resolution of gastric volvulus

CONCLUSION

- Paraesophageal hernia and age are identified as risk factors in this case.
- EGD provides direct visualization of the mesenteroaxial rotation of the stomach and further confirms the diagnosis of gastric volvulus.
- EGD provides therapeutic value as in our case a resolution of the gastric volvulus was demonstrated on the follow-up exam.
- Early EGD intervention aids in preventing further complication of gastric volvulus as abnormality could resolve after procedure.
- We emphasize the importance of keeping chronic gastric volvulus as a differential diagnosis for patient present with chronic abdominal pain.
- We plan on collecting more cases of gastric volvulus for further research on the benefits of early EGD intervention and its utilization in reversal of gastric volvulus.