



# Blanching Gastric Mucosa, An Endoscopic finding In a Patient with Celiac Artery Occlusion Leading to Vascular Insufficiency

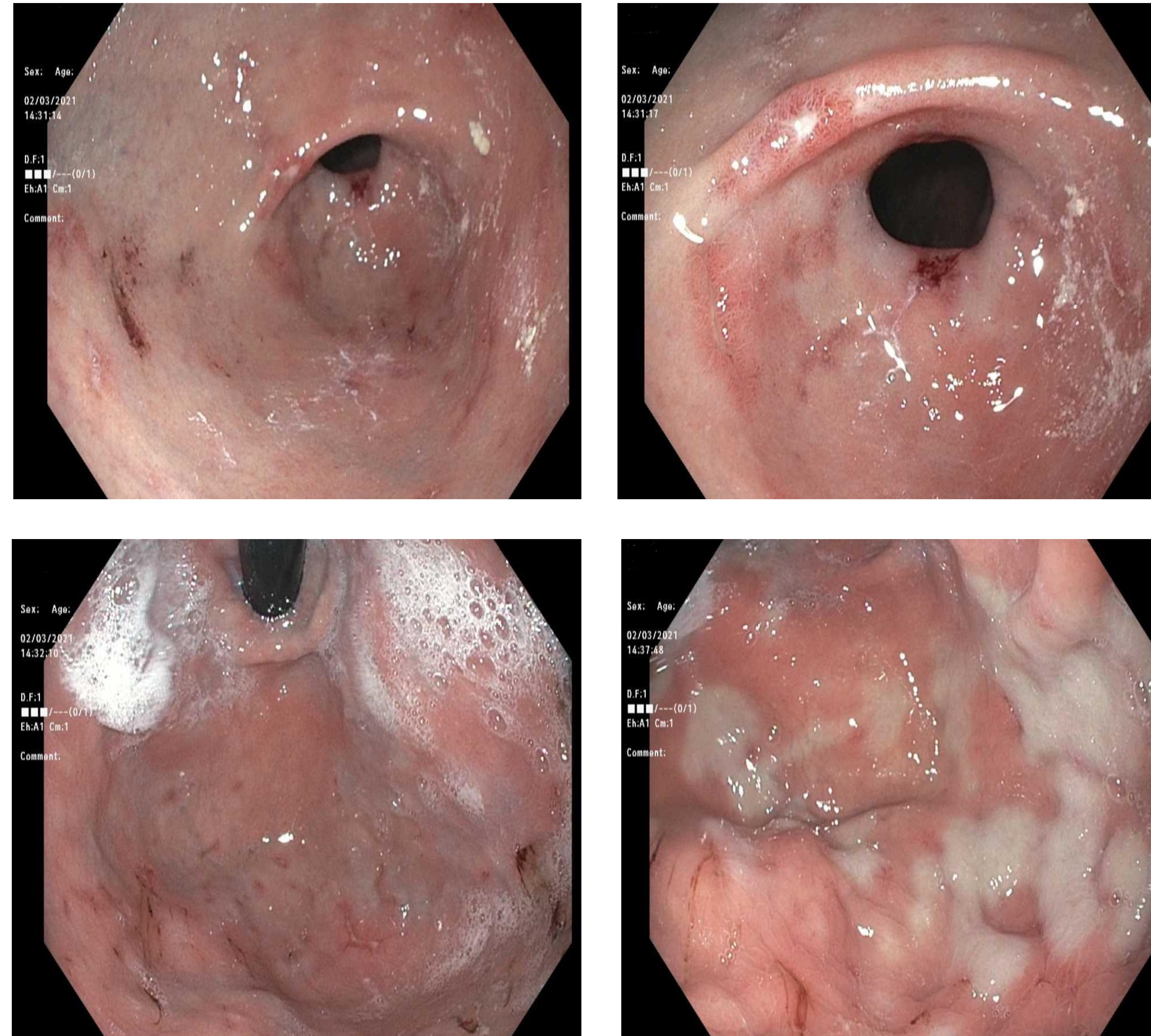
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## Introduction

- Celiac artery occlusion is a significant and debilitating disorder usually characterized by abdominal pain and diagnosed via radiological imaging modalities.
- Endoscopic findings in this disease have not been clearly depicted. We present a case with significant findings of patchy blanching gastric mucosa induced by insufflation during esophagogastroduodenoscopy (EGD).

## Case Presentation

A 40 year old woman with past medical history significant for hypertension, intracranial aneurysm with open clipping, coronary artery disease, polyarteritis nodosa presented to the emergency department (ED) complaining of intractable epigastric abdominal pain which had become progressively worse over the past month. Initially, the pain was described as intermittent and crampy which then became constant, associated with poor oral tolerance, nausea and non-bloody, non-bilious vomiting. On physical exam, patient was ill appearing with diffuse abdominal tenderness as well as guarding and rebound tenderness. Computed tomography angiography (CTA) of the abdomen revealed complete occlusion of the celiac artery at the origin and stenosis at the SMA origin with retrograde filling of the celiac territory via an enlarged IPDA collateral. The Gastroenterology service was consulted and an EGD was performed. Upon insufflation of air into the stomach, patchy blanching of the gastric mucosa was noted which continued to worsen, this immediately improved upon deflation. Superficial erosions were also seen in the entire stomach, otherwise the remainder of the exam was normal.



**Figure 1.** Findings of patchy blanching gastric mucosa induced by insufflation during EGD

## Case Presentation cont.

Based on the patient's recent findings on CTA and gastric blanching observed during the EGD, she was assumed to have vascular insufficiency likely secondary to vasculitis in light of positive ANCA and lupus anticoagulant. After appropriate treatment the patient was discharged with rheumatologic follow up.

## Discussion

- This case is presented to educate physicians on a possible manifestation of vascular insufficiency on endoscopy and to always keep it in mind when evaluating a patient presenting with severe abdominal pain.
- Vascular insufficiency can manifest itself in many ways, but in our case, different clues led us to the diagnosis from her physical exam, to the findings seen on CTA and to the results appreciated on EGD

## References

- Sinha, D., Kale, S., Kundaragi, N.G. *et al.* Mesenteric ischemia: a radiologic perspective. *Abdom Radiol* **47**, 1514–1528 (2022). <https://doi.org/10.1007/s00261-020-02867-y>
- Mensink PBF, Moons LMG, Kuipers EJ. Chronic gastrointestinal ischaemia: shifting paradigms, *Gut* 2011;**60**:722-737.
- Cudnik, Michael T., et al. "The diagnosis of acute mesenteric ischemia: a systematic review and meta-analysis." *Academic Emergency Medicine* 20.11 (2013): 1087-1100.