Phlegmonous Gastritis as an incidental finding in sleeve gastrectomy in an immunosuppressed patient

Case report and literature review

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Introduction

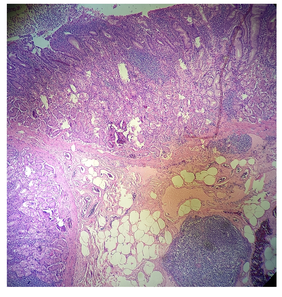
Phlegmonous gastritis is a rare and fatal condition that affects the layers of the stomach. It can be localized or diffused, and there are multiple causes, primary, secondary or idiopathic. Stomach hypoacidity, injury to the stomach lining, surgery, immunosuppression, diabetes and alcoholism, among others, have been described as risk factors. This is a case of an HIV-positive patient with a controlled disease in the gastric sleeve protocol, who during surgery showed a thickening of the stomach, with a pathological finding of phlegmonous gastritis with a Helicobacter pylori infection.

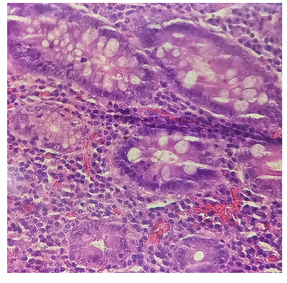
MAIN

Describe a case of phlegmonous gastritis secondary to a H. pylori infection incidental finding in a sleeve gastrectomy

Case report: Methods and Results

A 43-year-old patient with morbid obesity of 10 years of evolution, BMI of 38.8 with metabolic disease NASH, hyperlipidemia, sleep apnea with CPAP, knee arthritis with osteosynthesis in the left femur, HIV diagnosed in 2006 debuted with Kaposi's sarcoma with antiretroviral therapy latefa efavirenex lamivudine tenofovir disproxil fumarate in management with infectiology with undetectable viral load who authorized bariatric surgery, laparoscopic sleeve gastrectomy is proposed. Previous endoscopy showed chronic gastritis, no H. pylori infection. During the procedure we observed a striking thickening of the entire stomach, which makes one suspect gastric lymphoma. Intraoperative endoscopy is requested but is not available in the clinic. We suspected gastric lymphoma associated with HIV, quick processing of the pathology is requested. The specimen is opened in surgery and thickening of the intragastric folds is observed throughout the specimen. The patient evolves satisfactorily; clear oral fluids are started after 6 hours, the next day, he is discharged with a very good postoperative evolution.





MICROSCOPIC DESCRIPTION: Alteration of the typical morphology is recognized by prominent inflammation of the lamina propria with plasma cells and lymphocytes as well as eosinophils and neutrophils with abscess formation; Areas of erosion, ulceration, lymphoid follicles of various sizes, multiple foci of complete intestinal metaplasia, and abundant Helicobacter pylori are identified.

Conclusion

PG is a rare disease. It is mainly related to streptococcal infection and sudden appearance such as an acute abdomen, in this case it is an incidental finding as there was no previous evidence of H. pylori infection or trauma to the stomach, with a satisfactory evolution. Management with broad-spectrum antibiotics should be started quickly and de-staged according to the antibiogram report. Antibiotic management is effective in 88% of cases, and 12% mortality rate has been reported.

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