# UNMASKING ACUTE GASTRIC DISTENSION: A RARE CASE OF COMPLICATED STOMACH ENLARGEMENT IN AN ELDERLY PATIENT

Calista Kee, BS[1,2]; Tara Ranjbar, MD[2]; Katerina Jou, MD[2]; Yaathika Challapalli, BS[1]; Indraneil Mukherjee, MD[2]; Jonathan Schor, MD[2]

CUNY School of Medicine[1], Staten Island University Hospital Northwell Health[2]

## INTRODUCTION

- Acute gastric distension (AGD) is a rare condition with an enlarged, gas/fluid-filled stomach spanning the abdomen on imaging.
- Often overlooked due to low awareness and recognition by physicians, despite having a rich blood supply from the celiac trunk .
- Severe distension can lead to ischemia or perforation.

## METHODS

- 88-year-old male with CAD, PVD, carotid arteriosclerosis, prior CVA, and a history of abdominal pain hospitalization a year ago, presented with acute gastric pain and distention.
- Prompt NG tube decompression was performed. CT and EGD were normal, with no identifiable cause for the distension. Labs and vitals were unremarkable.
- Patient had a similar episode two months prior at another facility and had been experiencing cognitive and physical decline.

## RESULTS

- As symptoms improved, the NG tube was removed, and the patient tolerated food without recurrence or readmission.
- Treated with a low-residue diet and Xifaxan trial, with follow-up as needed.
- After one month, abdominal pain and diarrhea improved and will be further evaluated at the next follow-up.



Figure 1: Distended stomach

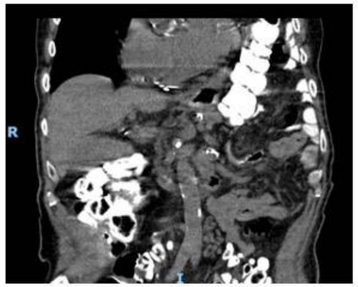


Figure 2: After decompression with NG tube

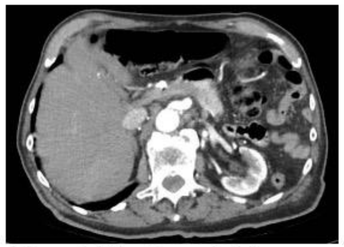


Figure 3: After 6-month follow up



Figure 4: 18-month follow up

## CONCLUSION

- Early diagnosis of AGD through plain abdominal radiographs or CT of the abdomen is key to treating this condition, as could reveal the acutely dilated stomach as well as any potential obstruction sites.
- This should be immediately followed with the use of a nasogastric tube to alleviate the compressed stomach.
- Patients should receive adjunct PPI therapy and continue with follow-up after this procedure, as late complications such as bleeding and perforation could occur.
- Surgical exploration should be employed, especially in patients presenting with ischemia and obstruction, but the technique varies with the severity of cases.