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【 PICTURES IN CLINICAL MEDICINE 】

Visible Liver from Huge Gastric Penetration

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Key words: gastric ulcer, liver, kyphosis, penetration

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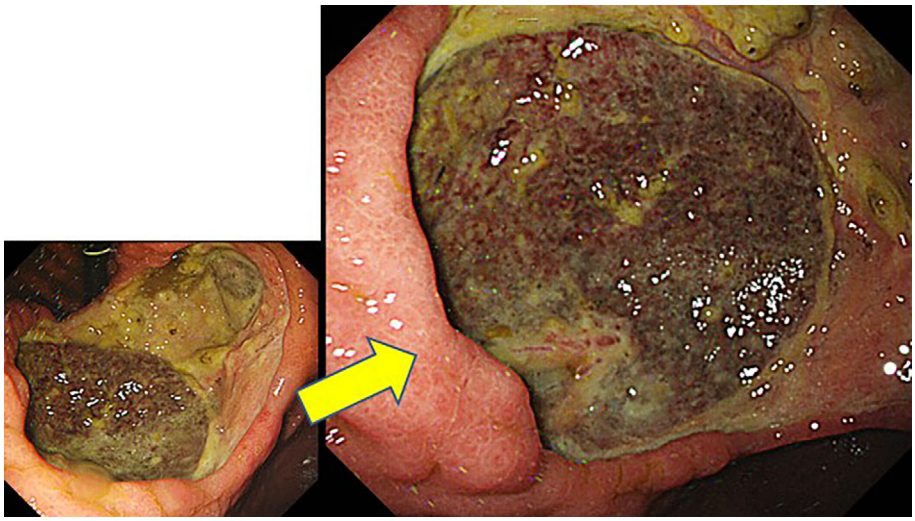
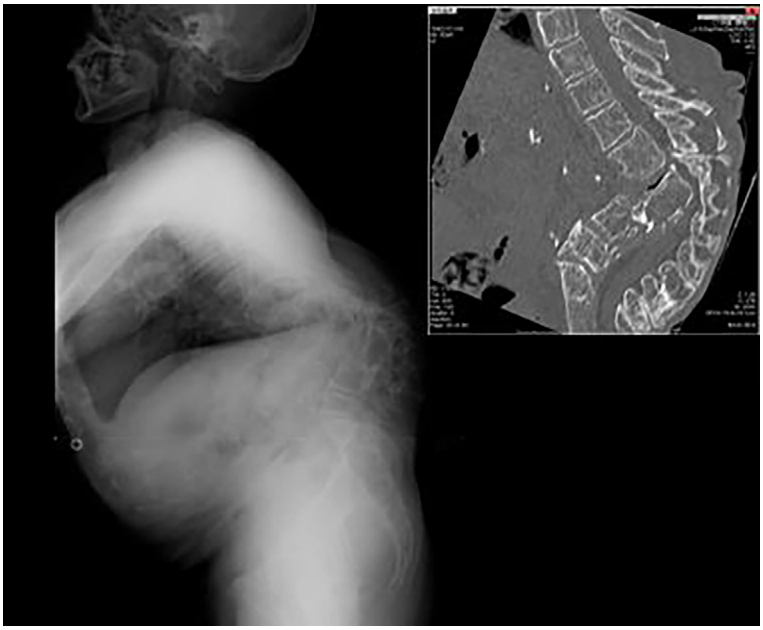


Picture 1.



Picture 2.

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A 69-year-old man with kyphosis (Picture 1) presented to the emergency department following a month of diminished appetite. His consciousness was deteriorating gradually, and he showed extreme pallor. His pulse was 84 bpm, and his blood pressure was 88/41 mmHg. His laboratory data showed severe iron-deficiency anemia (hemoglobin 2.3 g/dL, mean corpuscular volume 63 fL, and ferritin 15.7 ng/mL). Esophagogastroduodenoscopy revealed a huge gastric ulcer with a red, violet and white appearance and a rough surface area in the lesser curvature of the gastric body (Picture 2). Biopsies at the ulcer and rough surface showed no malignancy, and liver tissue was noted at the rough surface area. Subtotal gastrectomy was performed, and the ultimate diagnosis was a gastric ulcer with huge penetration without malignancy. The patient did not receive any non-steroidal anti-inflammatory drugs (NSAIDs), and he was positive for *Helicobacter pylori* antibody. Because the liver presses on the lesser curvature of the stomach anatomically in kyphosis, penetration without peritonitis might occur.

The authors state that they have no Conflict of Interest (COI).