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【 PICTURES IN CLINICAL MEDICINE 】

Gastric Wall Abscess

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Key words: gastric wall abscess, gastric abscess, endoscopic daranage

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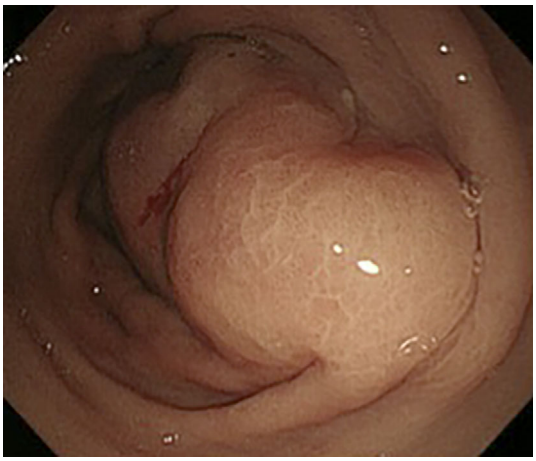
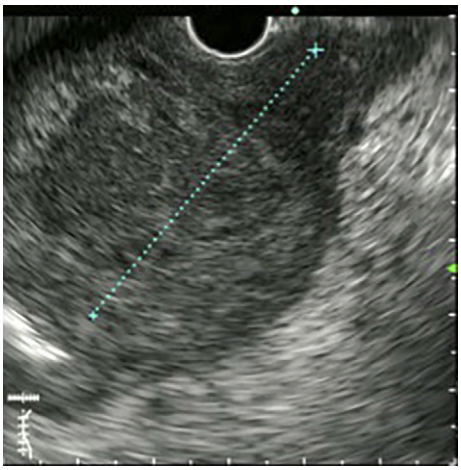
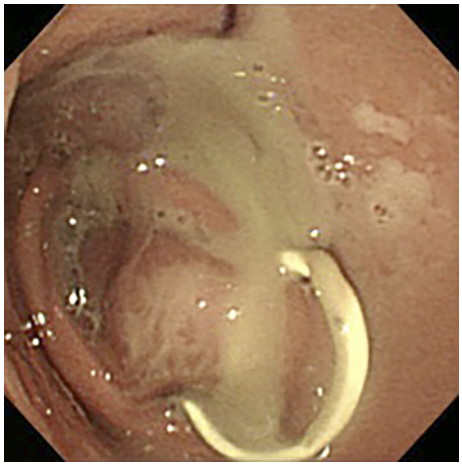
Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 70-year-old woman presented with a 2-day history of upper abdominal pain and fever. Her medical history included erosive gastritis, which was recently detected on upper endoscopy. Contrast-enhanced computed tomography of the abdomen revealed a mass lesion of 4 cm in length in the antrum of the stomach (Picture 1). Upper endoscopy revealed a submucosal mass with an intact mucosa arising from the antrum of the stomach (Picture 2). Endoscopic ultrasonography revealed a heterogeneously echo-textured lesion of 4×3 cm in size in the gastric wall (Picture 3). The presence of internal debris raised the suspicion of abscess.

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Drainage was performed with a pigtail catheter, and pus was aspirated (Picture 4). The administration of intravenous antibiotics was initiated empirically. The clinical manifestation improved immediately. Pus cultures grew *Streptococcus mitis*, *Streptococcus intermedius*, and *Fusobacterium mortiferum*. Gastric wall abscesses are extremely rare. Such abscesses can therefore be treated with antibiotics and endoscopic drainage without surgical drainage (1).

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

Reference

1. Marcos WC, Petrini BG, Xavier RL, Starling RM, Couto JC, Ribeiro GJ. Gastric wall abcess-an common condition treated by an alternative form. Clinics (San Paulo) **65**: 819-821, 2010.