

Title:

Laparoscopic treatment of acute abdomen due to a massive gastric dilatation

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Laparoscopic treatment of acute abdomen due to a massive gastric dilatation

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Keywords: Gastric dilatation. Mechanical gastric occlusion. Laparoscopy.

Dear Editor,

We present the case of a 23-year-old female patient with a past medical history of achalasia and laparoscopic seromyotomy. She presented to the Emergency Department with an acute abdomen, characterized by abdominal pain, fever and diffuse tenderness on palpation. The initial blood count revealed leukocytosis of 14.9×10^3 /mm³ and 91% of neutrophils. An abdominal X-ray film showed a massive gastric dilatation, which was confirmed with an abdominal computed tomography (CT). This also determined its extension to the pelvis with the presence of subdiaphragmatic free air, which was visible in the right upper quadrant. A laparoscopic procedure was performed that revealed a small amount of free fluid in the abdominal cavity and a greater omentum adhesion, without gastric necrosis. The stomach was explored to exclude perforations and the adhesion was resected with a bipolar energy source. The postoperative period evolution was favorable and the patient was discharged on the fifth day after surgery.

Discussion

Mechanical acute massive gastric dilatation is extremely rare. In the majority of cases, it is due to heterogeneous causes such as prior gastric surgery, anorexia nervosa (1), bulimia, psychogenic polyphagia and diabetes mellitus. (2) The use of computed

tomography is useful both to guide the etiology and to rule out intestinal perforation (3). This type of case is not only rare but also a dangerous entity that can become complicated with gastric necrosis and perforation. Del Moral et al. reported that nearly all of these cases can be successfully treated with a nasogastric tube. (4). However, surgical exploration is advisable when due to mechanical causes, or when there are signs of abdominal tenderness, abdominal free air or when lab tests suggest necrosis. Laparoscopic treatment in selected patients can be an effective therapeutic solution as it provides diagnostic guidance to rule out visceral necrosis and may even provide a surgical solution in some cases.

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