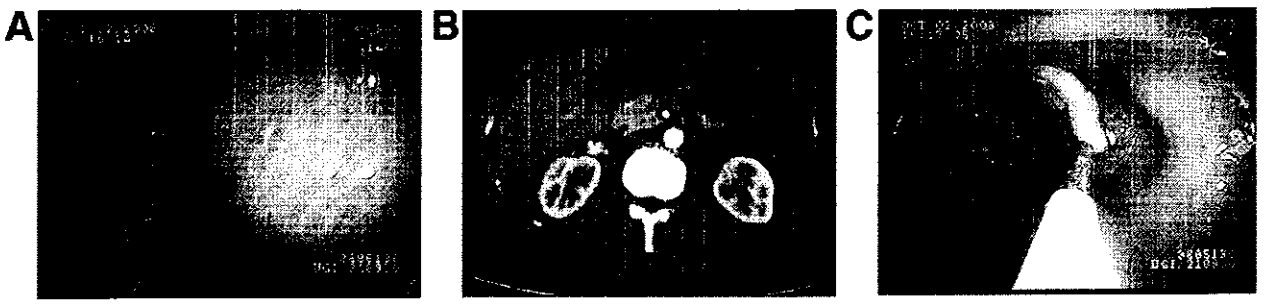
A Rare Cause of a Gastric Submucosal Tumor



Question: A 45-year-old man visited our outpatient department complaining of abdominal fullness for 2 weeks. He visited several clinics for help, but in vain. He was found to suffer from mild epigastralgia, but without any rebound pain. Physical examination showed no fever, jaundice, or lymphadenopathy. Laboratory studies revealed no significant change in the white cell count and no abnormality in serum alanine aminotransferase, bilirubin, or alkaline phosphatase levels. Furthermore, he had no history of any major systemic disease. Upper gastrointestinal endoscopy revealed a submucosal tumor over the post wall of the antrum of the stomach (Figure *A*), and abdominal computed tomography (CT) demonstrated a cystic lesion over the antrum of the stomach with peripheral wall enhancement after injection of the contrast medium (Figure *B*, *arrow*). We repeated endoscopy and took a needle biopsy. Pus was discharged from the submucosal tumor (Figure *C*), and the tumor shrunk markedly. The patient was administered oral antibiotics for 1 week. The symptoms and signs subsided 2 days later, and follow-up endoscopy 1 month later showed no submucosal lesion.

What is the diagnosis of this gastric submucosal tumor?

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Conflicts of interest
The authors disclose no conflicts.

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Answer to the Clinical Challenges and Images in GI Question: Image 5: Gastric Wall Abscess

Gastric wall abscess is extremely rare and is caused by local bacterial infection. In this study, a diagnosis of gastric wall abscess was made based on the abdominal CT and aspiration needle biopsy from the submucosal mass and pus discharge. However, in cases of delayed diagnosis, incision drainage and intravenous antibiotics, or even surgery may be necessary.[1]

The clinical presentations of gastric wall abscess are variable according to the duration of the lesion. The symptoms and signs include mild epigastralgia and fullness, which are usually observed during the early stages of the disease, as in our case. However, if the diagnosis is delayed, then severe epigastralgia and even rebounding pain may occur. Leukocytosis with a shift to the left is common and frequently observed, but early diagnosis usually reveals normal white cell count without a shift to the left.[2] Furthermore, the diagnosis of gastric wall abscess is indicated when endoscopy reveals a smooth and distension mucosa of the submucosal lesion. The condition can be easily treated using biopsy forceps and oral antibiotics, or surgery.

References

1. Chen CH, Yang CC, Yeh YH, et al. Gastric wall abscess presenting as a submucosal tumor: case report. Gastrointest Endosc 2003;57:959–962.
2. Nakamuta K, Murata I, Kohno S. Image of the month. Gastric wall abscess. Gastroenterology 2003;124:599.

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