

## CLINICAL IMAGES

## Ischemic Gastritis in a Patient with Chronic Constipation



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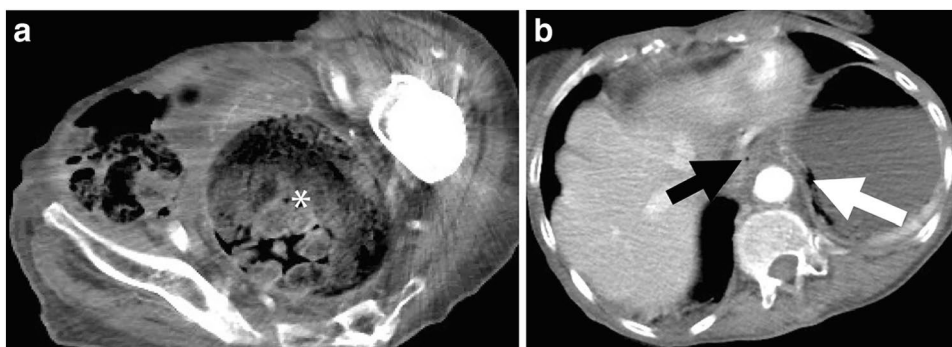
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A 90-year-old woman with Parkinson's disease presented with acute abdominal pain, nausea, and coffee-ground emesis. Her abdomen was distended with diffuse tenderness and hypoactive bowel sounds. Computed tomography (CT) showed a distended rectum with stool measuring up to 9 cm (Fig. 1A) and pneumatosis in the posterior gastric wall and air within the portal venous structures (Fig. 1B). She was diagnosed with probable stercoral colitis based on a history of chronic constipation and evidence of fecal impaction in the rectosigmoid and dilation of the colon in the CT scan,

causing ischemic gastritis. Given hemodynamic stability, she was managed non-surgically with enemas, antibiotics, and a nasogastric tube and discharged home with hospice.

Ischemic gastritis is a rare but rapidly life-threatening diagnosis in the elderly<sup>1</sup> that can present with nausea, vomiting, upper gastrointestinal bleeding, and distention.<sup>2</sup> Diagnosis is made primarily by the presence of extraluminal gas in the portal venous system and pneumatosis of the gastric wall. Management is usually conservative, with antibiotics, proton-pump inhibitors, and parenteral nutrition, though surgical resection may be considered in severe cases.<sup>2</sup> This case illustrates that chronic constipation, slowed gastrointestinal motility, and chronic gastric distention from Parkinson's disease

**Fig. 1** **A** Computed tomography (CT) of the abdomen, demonstrating a distended rectum with stool measuring up to 9 cm (asterisk). **B** Pneumatosis of the posterior gastric fundal wall (white arrow) and air within the portal venous structures (black arrow), suggestive of ischemic gastritis



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are potential risk factors for stercoral colitis and, if progressive, ischemic gastritis.<sup>1,3-5</sup>

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