

The Gastric Tumor That Wasn't There

Hsu JT¹, Le PH², Kuo CJ², Chen TH², Lin CJ², and Yeh TS¹

¹Department of Gastroenterology and Hepatology, University of Connecticut, 263 Farmington Ave, Farmington, CT 06030, USA

²Department of Gastroenterology, Saint Francis Hospital and Medical Center, 114 Woodland St. Hartford, CT 06105, USA

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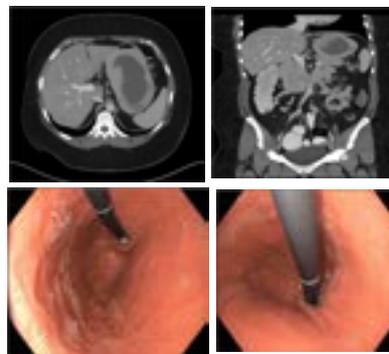
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*Corresponding to:

Alexander Perelman, Department of Gastroenterology and Hepatology, University of Connecticut, 263 Farmington Ave, Farmington, CT 06030, USA, Tel: 718-702-0892, Email: Perelman@uchc.edu

1. Clinical Image

32-year-old female was admitted to the hospital with epigastric abdominal pain, nausea, vomiting with a band like distribution. She reported longstanding pain that has progressively worsened in the last two months, with unintentional weight loss of 12 pounds, diminished appetite, and nausea. She acknowledged sporadic alcohol use, but denied any tobacco or illicit drugs. Denied using any over-the-counter medications. Pertinent history included choledocholithiasis status post ERCP three years prior. An ultrasound of the abdomen was unrevealing, however a CT scan of the abdomen and pelvis demonstrated mild fatty liver changes with a large mixed solid cystic mass within the gastric fundus and body 12.5 x 8 cm without evidence of calcifications. Significant concern was raised for a gastrointestinal stromal tumor (**Figure A and B**) An urgent endoscopy was performed the following day to obtain tissue diagnosis, which failed to demonstrate any esophageal, gastric or abdominal abnormalities (**Figures C and D**) Post endoscopic re-review of images with radiology suggested that findings on CT scan were anomalous due to poor mixing of oral contrast with intraluminal content.



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