



Massive Gastric Dilatation

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Clinical image description

A 77-year-old woman was diagnosed with advanced cancer of the pancreatic head. At staging, she had locoregional lymph nodes involvement and several liver metastases. No treatment was started. Two months later, she presented to the emergency department with a 3-day history of nausea and vomiting. She was not only unable to eat but also to drink. Clinical examination revealed considerable painless abdominal distention but was otherwise unremarkable. Routine laboratory demonstrated normal liver function tests and full blood count. C - reactive protein was slightly elevated (57 mg/l) and renal function re-

duced (eGFR 22 ml/min). The tumor marker CA 19-9 was consistently elevated to 23'894 U/ml (normal range <37 U/ml). CT scan showed an extremely enlarged stomach (33 x 15 x 12 cm) caused by complete stenosis of the duodenum (Panels A and B). A nasogastric tube was inserted and 3000 ml of liquid gastric content aspirated. Contrast X-ray of the stomach revealed complete stenosis and gastroscopy was considered not necessary. In order to avoid aspiration, parenteral nutrition was initiated. The patient was offered palliative systemic chemotherapy or in alternative palliative gut surgery, but she refused any active treatment. She died two months later due to progressive disease.

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