

## Letters to the Editor

### Acute gastric dilatation after dietary violation

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*Key words:* Acute gastric dilatation. Dietary violation.

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*Dear Editor,*

Acute gastric dilatation is a rare disease and early diagnosis and treatment are crucial in order to avoid potential serious complications. We present a case report of a 35-year-old woman without a significant past medical history who presented at the Emergency Department with severe abdominal pain following a dietary transgression (one and a half pizzas plus industrial bakery products). No eating disorders were identified, although she reported occasional binge eating.

On examination, the patient was hemodynamically stable with signs of perspiration and peritoneal irritation. Blood analysis showed CRP at 17.2 mg/l and leucocytes at 18,810 U/ml with 92% neutrophilia. An abdominal computed tomography (CT) with contrast identified a serious gastric dilatation containing a large amount of fluid that reached the pelvis.

A nasogastric tube was inserted to avoid possible ischemia of the gastric wall and a total of four liters of fluid was removed. A subsequent gastroscopy did not identify any disease. The patient progressed well and oral feeding was progressively resumed after 48 hours with a nasogastric tube, which was uneventful.

### Discussion

Acute gastric dilatation is a rare but potentially serious clinical condition. It has been reported in patients suffering from eat-

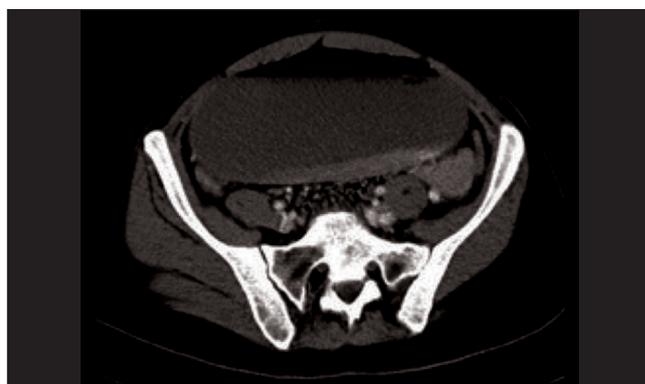


Fig. 1. Abdominal CT with intravenous contrast (cross-section): serious gastric dilatation.

ing disorders, especially following binge eating and subsequent purging (1). An early diagnosis is important as excessive gastric dilatation can impair the gastric flow and lead to necrosis of the gastric wall (1-3). Most patients respond positively to nasogastric tube decompression (4) but surgery may be required in some cases due to complications (1-3).

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