Large gastric diverticulum

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Volumineux diverticule gastrique

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RÉSUMÉ

Prérequis: Les diverticules gastriques représentent une anomalie anatomique rare, habituellement asymptomatique.

But : Rapporter un cas de volumineux diverticule gastrique et discuter les modalités diagnostiques et thérapeutiques.

Observation : Un homme de 63 ans était admis pour exploration d'épigastralgies atypiques. L'examen physique et le bilan biologique étaient sans anomalies. La fibroscopie oeso-gastro-duodénale montrait une gastropathie érosive et un orifice diverticulaire au niveau de la face postérieure de la grosse tubérosité, à 8 cm du cardia. Le transit oeso-gastro-duodénal confirmait le volumineux diverticule de 5 cm du fundus.

Conclusion : Une exploration minutieuse de toute la paroi gastrique à l'endoscopie est recommandée pour ne pas manquer un diverticule.

Mots-clés

estomac ; diverticule ; fibroscopie oeso-gastro-duodénale

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SUMMARY

Background: Gastric diverticula are infrequent anatomic abnormalities that are usually asymptomatic.

Aim: We report a case of large gastric diverticulum and discuss diagnostic and therapeutic challenges.

Case report: A 63-year-old man was admitted with vague epigastric discomfort. Physical examination and laboratory investigations were normal. Endoscopy revealed an erosive gastropathy and a pouch arising from the posterior aspect of the greater curve, 8 cm from the hiatus. Barium meal confirmed the presence of a 5 cm diameter diverticulum arising from the gastric fundus.

Conclusion: Careful examination of the whole stomach at gastroscopy is recommended for not missing a diverticulum.

Key-words

stomach; diverticulum; gastroscopy

الرتج المعدي الضخم

الباحثون : ل .منيف .ع .العموري -م.ع .مصمودي -ن .الطاهري

الهدف من هذه الدراسة هو استعراض حالة رتج معدي و مناقشة الطرق التشخيصية و العلاجية . المريض عمره 63 سنة و لم يثبت الفحص السريري و التحاليل البيولوجية أيّ شيء غير عادي .أمّا تنظير المعدة و المريئ و العضّ فقد أثبت وجود تآكل في المعدة و فوهة رتجية على مستوى الأحدوبة الكبيرة و على بعد 5 سم من قاع المعدة .نستنتج أنّه يتوجّب علينا الفحص الدقيق لكامل جدار المعدة عند التنظير لكي لا نغفل وجود رتج .

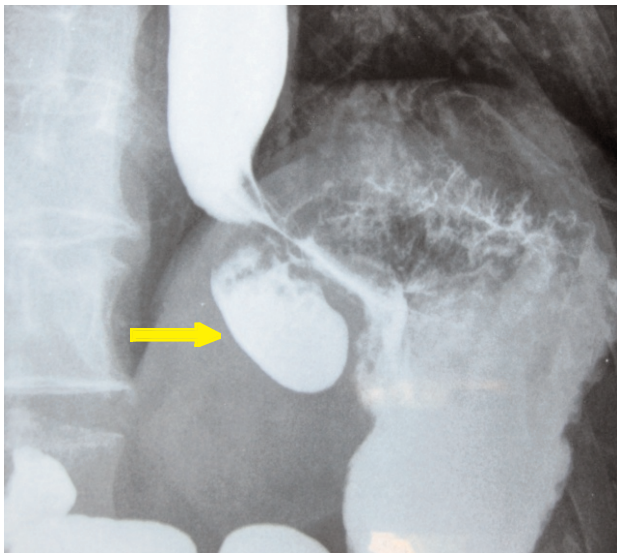
الكلمات الأساسية : معدة -رتج ؟ تنظير المعدة و المريئ و العضّ

Gastric diverticula are infrequent anatomic abnormalities that are usually asymptomatic. We report a case of large gastric diverticulum.

OBSERVATION

A 63-year-old man was admitted with vague epigastric discomfort. Physical examination and laboratory investigations were normal. Endoscopy revealed an erosive gastropathy and a pouch arising from the posterior aspect of the greater curve, 8 cm from the hiatus. This was interpreted as diverticulum. Barium meal confirmed the presence of a 5 cm diameter diverticulum arising from the gastric fundus (figure 1). Abdominal computed tomography was normal. Symptomatic treatment was prescribed.

Figure 1 : Large diverticulum arising from the posterior aspect of the gastric fundus



DISCUSSION

This case illustrates the importance of careful examination of the whole stomach, including the fundus, at gastroscopy. Gastric diverticula are uncommon. Prevalence ranges from 0,04% in barium meal radiographs and 0,01% - 0, 11% at endoscopy(1). These occur equally in men and women, typically in the fifth and sixth decades. Most are single saccular diverticulum and form in the posterior wall or the lesser curve, near the gastroesophageal junction (2). They are usually 1 - 3 cm in diameter and can be divided into true diverticula comprising all gastrointestinal layers and pseudodiverticula which are often found in the antrum (1,3,4). Small diverticula are usually asymptomatic but large diverticula may aggravate symptoms of more common gastrointestinal pathologies. Severe complications including perforation, hemorrhage, and cancer formation within a diverticulum may occur (3-5). Methods of detection can fail; therefore, a combination should be used (3). Visualization of diverticulum may be difficult, which require a careful examination of the whole stomach, including the fundus, at gastroscopy. It emphasizes the value of a barium meal when endoscopy failed to show lesion and when endoscopic findings require further clarification. Even so, contrast studies may miss up to 5% of lesions because of a narrow diverticular neck preventing entry of contrast media. Treatment is seldom required, unless complications occur. So, surgical treatment may be needed. Because of difficulty with visualization of the area, intraoperative endoscopy can be helpful (4).

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