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CLINICAL IMAGE IN GASTROENTEROLOGY

Gastric obstruction secondary to an intragastric balloon☆

Obstrucción gástrica secundaria a balón intragástrico

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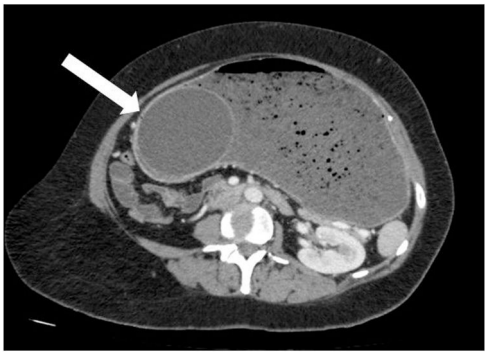

Figure 1 Oblique axial CT image showing the intragastric balloon embedded in the antrum of the stomach.

A 45-year-old woman came to the emergency service due to 3 days of ongoing vomiting and significant generalized and progressive abdominal distension. Her past medical history was unremarkable, except for the placing of an intragastric balloon 3 weeks prior. Plain abdominal x-ray revealed an occupied abdomen and bowel loop displacement toward the periphery. A computed axial tomography scan identified severe dilation of the gastric corpus, along with the intragastric balloon (white arrow), which was embedded in the antral region, causing the gastric outlet obstruction (Figure 1 in the axial plane, Figure 2 in the sagittal plane, and Figure 3 in the coronal plane). According to the medical literature, frequency of overall complications from intragastric balloon

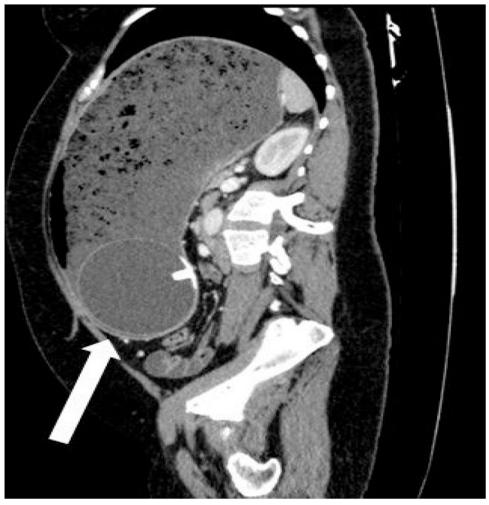

Figure 2 Oblique sagittal CT image showing the intragastric balloon embedded in the antrum of the stomach and the great dilation of the entire stomach.

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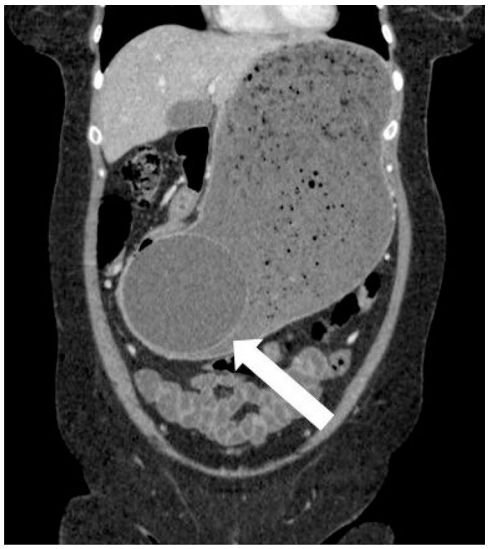

Figure 3 Oblique coronal CT image showing the same findings.

placement reaches 2.6% and obstruction is one of the most common causes in the early postoperative period, with a frequency of 0.8%. First, a nasogastric tube was placed in our patient to relieve the distension, after which the obstruction was resolved through endoscopic removal of the balloon. After the intervention, the suggested cause was the progression of the balloon and its lodging in the antrum of the stomach, with no excessive filling of that gastric region.

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Conflict of interest

The authors declare that there is no conflict of interest.