



# REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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## CLINICAL IMAGE IN GASTROENTEROLOGY

### Extreme acute gastric dilation due to anorexia nervosa<sup>☆</sup>

### Dilatación gástrica aguda extrema debida a anorexia nerviosa

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Acute gastric dilation is a rare condition associated with anorexia nervosa (the binge/purge subtype). It can be managed conservatively<sup>1</sup> but sometimes results in fatal outcomes.<sup>2,3</sup> A 40-year-old Japanese woman with a 15-year history of anorexia nervosa was admitted to our hospital because of abdominal pain and vomiting. She had eaten 5 kg of beef the day before but failed to throw it up at that time. Physical examination was notable for abdominal bloating, tenderness, and increased bowel sounds. Blood tests showed no abnormalities. A contrast-enhanced abdominal computed tomography scan revealed gastric dilation and portal venous gas, with no apparent gastrointestinal ischemia (Fig. 1). Her stomach volume was estimated at 5,000 ml on admission. She underwent gastrointestinal decompression using a nasogastric tube, which egested 2,000 ml of the stomach contents. She received conservative treatment, including bowel rest, fluid resuscitation, and pain control through intravenous acetaminophen. She had a bowel movement on day 6. Her epigastric pain resolved by day 8, and she started an oral diet. Her remaining clinical course was uneventful, and she was discharged on day 12.



**Figure 1** Contrast-enhanced abdominal computed tomography scan, revealing gastric dilation and portal venous gas, with no apparent gastrointestinal ischemia.

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### Ethical considerations

Written informed consent was obtained from the patient for publication of this article. Because the present work is

a case report, no authorization by the institution's ethics committee was required.

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### Conflict of interest

The authors declare that there is no conflict of interest.

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