Vague Abdominal Pain In A 69-Year-Old Male With Complex Vascular History

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LEARNING OBJECTIVES

- Recognize ischemic gastritis as a possible diagnosis in a patient with vascular risk factors who presents with abdominal pain, vomiting, gastrointestinal bleeding, and weight loss
- Propose diagnostic methods for ischemic gastritis including CT angiography and endoscopy to ensure timely treatment in symptomatic patients

INTRODUCTION

- Ischemic gastritis is a rare condition causing reduced blood supply to gastric mucosa[1-3]
- Various causes include cardiovascular disease, cigarette smoking, hypercoagulable states, and vasculitis[1-4]
- The chronic form develops when two major mesenteric arteries are compromised[3]
- Symptoms may include postprandial pain, weight loss, and gastrointestinal bleeding[2-4]

CASE: PRESENTATION

- 69-year-old male presented to the Emergency Department with six weeks of abdominal pain, constipation, proctalgia, urinary retention, and a perianal abscess (drained and treated with antibiotics)
- Abdominal pain was characterized as epigastric, postprandial, causing food aversion and weight loss
- Medical history included Type A aortic dissection (treated with open repair followed by TEVAR with SMA and celiac axis stents), hemorrhoidectomy, suspected gastric ulcer with contained perforation on imaging, obesity, hypothyroidism, DVT, GERD, cigarette smoking, remote MVA resulting in several injuries and chronic pain

CONFLICT OF INTEREST DECLARATION

The authors have no conflicts of interest to declare.

CASE: INVESTIGATIONS & WORK-UP

- Initial blood work showed normocytic anemia (Hb 118 g/L), systemic inflammation (CRP 104 mg/L), AKI (Cr 170 umol/L), with normal liver function and liver enzymes
- Abdominal CT showed moderate gallbladder distension and sludge; abdominal US confirmed cholelithiasis
- A recent CTA as part of outpatient Vascular Surgery follow-up showed new SMA stent thrombosis and developing celiac artery stent thrombosis
- Differential diagnosis based on presentation and investigations included: biliary colic, GERD, PUD, constipation, and IBD
- Gastroenterology performed an EGD and sigmoidoscopy
- EGD revealed erythema, edema, atrophy, friable mucosa, clean based ulcers and scattered erosions in the stomach, plus inflammation and scattered erosions in the duodenum (Figure 1)
- Sigmoidoscopy revealed normal appearing rectosigmoid mucosa without features of colitis

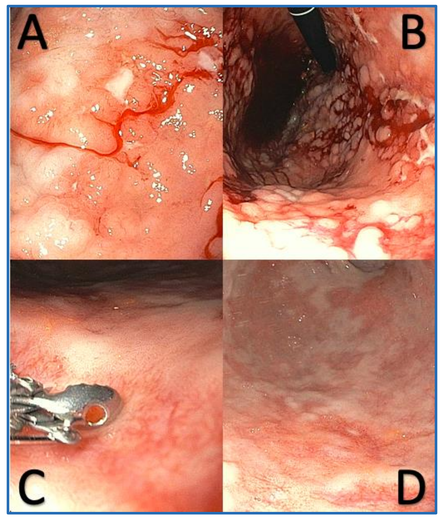

Figure 1: A & B. Erosion in gastric cardia and fundus. C. Atypical vascular pattern in gastric body. D. Erosions and erythema in gastric antrum.

CASE: WORK-UP & MANAGEMENT

- Pathology from endoscopy demonstrated features of ischemic gastritis in the gastric body and antrum, reactive gastropathy, intestinal metaplasia in the cardia, and normal colonic mucosa
- The patient's symptoms and endoscopic findings were thought to be secondary to ischemia from mesenteric artery occlusion
- Interventional Radiology and Vascular Surgery teams were involved
- He underwent SMA stent recanalization and re-lining leading to improvement in symptoms
- Initiated treatment with PPI and DAPT therapy and resumed outpatient follow-up with Vascular Surgery

DISCUSSION

- Ischemic gastritis is an under-recognized condition due to the stomach's vast arterial collateral blood supply[3-4]
- This is a unique case of ischemic gastritis in a medically complex patient that was felt to be caused by progressive thrombus development in his mesenteric arteries related to prior surgeries and comorbidities
- Direct visualization with endoscopy detected ischemic changes primarily in his stomach, which was confirmed by pathology
- Physicians should consider mesenteric ischemia as a cause of non-specific gastrointestinal symptoms in patients with appropriate risk factors
- Endovascular treatment is warranted for symptomatic cases, given the high mortality risk[1-2]

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