A 73-year-old man had swallowing difficulties because of a recent cerebrovascular accident, and was on enteral feeding via a nasogastric tube. Percutaneous endoscopic gastrostomy (PEG) was chosen for long-term enteral feeding. Before the PEG tube was inserted, a flexible endoscope was inserted into the stomach for inspection. No gross abnormal lesion was detected in the upper gastrointestinal tract (Fig. 1).

Then, before puncturing, the stomach was insufflated and indentation of the gastric lumen was confirmed by finger palpation of the abdominal wall. This caused the patient to choke a few times. Subsequently, bleeding occurred in the upper stomach. Several fusiform-shaped tears had developed along the lesser curvature of the proximal stomach (Fig. 2).

Computed tomography (CT) imaging revealed pneumoperitoneum and pneumomediastinum (Fig. 3a) and pneumomediastinum (Fig. 3b), requiring emergency laparotomy. A 2-cm-long full-thickness tear along the lesser curvature of the stomach close to the cardia was identified and sutured. Gastric rupture is caused by increased gastric pressure resulting from increased intra-abdominal pressure, may have caused the gastric rupture. Endoscopists should consider this rare yet potentially lethal complication.

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