A 68-year-old man with a previous history of partial gastrectomy (Billroth II) for an unknown indication, was admitted as an emergency case to our hospital following several hours of epigastric pain. He had suffered weight loss and anorexia for about 4 days, without hematemesis or melena. The physical examination findings were normal except for leg edema. Pulse rate was 118 bpm and blood pressure was 101/63 mmHg. Laboratory findings were normal (hemoglobin 11.7 g/dL). Nothing abnormal was observed on chest radiography. Endoscopy revealed a large perforated area at the gastric fundus, with a protruding and strongly pulsatile base, which was mobile and free in relation to the borders (Fig. 1, Video 1). Endoscopic findings suggested gastric perforation into the pericardium and allowed early diagnosis and guidance.

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