Upside-down stomach repositioned and fixed by colonoscopy-assisted percutaneous endoscopic gastrostomy

Upside-down stomach is a rare condition characterized by the occurrence of a gastric volvulus in a supradiaphragmatic hernia sac [1, 2]. We describe a case of upside-down stomach with mesenteroaxial torsion in which the stomach had prolapsed into the esophageal hiatal hernia sac. The gastric volvulus was successfully resolved by colonoscopy-assisted PEG.

An 82-year-old woman presented with a 3-month history of intermittent vomiting after meals. Esophagogastroduodenoscopy indicated the presence of a severe deformity of the stomach. Abdominal computed tomography (CT) showed migration of the antrum and body of the stomach into the mediastinum (Fig. 1a). In addition, CT revealed that part of the transverse colon was interposed between the anterior abdominal wall and the stomach (Fig. 1b).

The displaced stomach was endoscopically repositioned and anchored to the abdominal wall by PEG (Fig. 3c). After the procedure, the patient’s symptoms resolved. At 6-month follow-up, she was alive and well and free of symptoms.

Competing interests: None

Yosho Fukita, Hiroyuki Ishibashi, Ikuma Yasuda, Tsutoshi Asaki, Seitaro Adachi, Michifumi Toyomizu, Yoshiki Katakura

Department of Gastroenterology, Seirei Yokohama Hospital, Yokohama, Kanagawa, Japan

References
A fluoroscopy-assisted colonoscopy was performed, which showed that the transverse colon was present in the upper abdomen. The transverse colon was pulled from the upper abdomen toward the pelvis by a twisting maneuver of the scope shaft. The displaced stomach was endoscopically repositioned and anchored to the abdominal wall by percutaneous endoscopic gastrostomy.

**Fig. 3**

- **a** A fluoroscopy-assisted colonoscopy was performed, which showed that the transverse colon was present in the upper abdomen.
- **b** The transverse colon was pulled from the upper abdomen toward the pelvis by a twisting maneuver of the scope shaft.
- **c** The displaced stomach was endoscopically repositioned and anchored to the abdominal wall by percutaneous endoscopic gastrostomy.

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**Bibliography**


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**Corresponding author**

Yosho Fukita, MD, PhD

Department of Gastroenterology

Seirei Yokohama Hospital

215 Iwai-cho, Hodogaya-ku

Yokohama

Kanagawa 240-8521

Japan

Fax: +81-45-7153387

yfukita@sis.seirei.or.jp

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