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. 1 a). In addition, CT revealed that part of the transverse colon was interposed between the anterior abdominal wall and the stomach (Fig. 1 b). The displaced stomach was endoscopically repositioned and anchored to the abdominal wall by PEG (Fig. 3 c). After the procedure, the patient’s symptoms resolved. At 6-month follow-up, she was alive and well and free of symptoms.

Endoscopy_UCTN_Code_TTT_1AO_2AK

Competing interests: None

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

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

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Fig. 1 a Abdominal computed tomography (CT) indicated migration of the body of the stomach into the mediastinum (coronal view). The cardia and the body of the stomach are shown. The arrow indicates the antrum of the stomach. b Part of the transverse colon was interposed between the anterior abdominal wall and the stomach (sagittal view). The arrow indicates the transverse colon.

Fig. 2 Upper gastrointestinal series indicated subtotal herniation of the stomach into the mediastinum in an inverted position. The cardia and the body of the stomach are shown.

Fig. 3 a Colonoscopy-assisted percutaneous endoscopic gastrostomy (PEG) was performed. The displaced stomach was endoscopically repositioned and anchored to the abdominal wall by PEG. b The transverse colon was pulled from the upper abdomen toward the pelvis, as described previously. c After the procedure, the patient’s symptoms resolved.
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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Stuttgart · New York
ISSN 0013-726X

**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