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) revealed 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.

Competing interests: None

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References
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.

5 Fukita Y, Katakura Y, Adachi S et al. Colonoscopy-assisted percutaneous endoscopic gastrostomy to avoid a gastrocolocutaneous fistula of the transverse colon. Endoscopy 2014; 46 (Suppl. 01): E60

Bibliography
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