Abdominal pain and weight loss: an uncommon outcome to a common referral

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A 95-year-old woman was referred with a 3-week history of vomiting undigested food, abdominal pains and half a stone weight loss. The general practitioner reported a palpable epigastric mass, which was a 'golf ball size'. She was managing fluids normally but had reduced appetite. She had a perforated duodenal ulcer repair 40 years previously and was taking aspirin and lactulose. She was otherwise living alone and independent. Apart from a normocytic anaemia with haemoglobin 11.6 blood tests were unremarkable and faecal *Helicobacter pylori* antigen was negative. Initial endoscopy was abandoned due to food in the stomach. A CT was performed, which showed the abnormality in figure 1.

Question

What was the diagnosis at endoscopy after a prolonged fast? How was it treated?

Answer

This lady had a bezoar of compressed foods in the gastric antrum obscuring the pylorus. The CT scan shows a discrete round prepyloric mass of heterogeneous

composition and air pockets within it. It did not demonstrate any other evidence of outflow obstruction. The second part of the duodenum was easily accessed, and was normal on subsequent endoscopy once the scope was negotiated around the bezoar. The patient's history was relatively short and there were no clear indicators for why she developed this bezoar spontaneously. Bezoars have previously been described but have tended to be in the context of people with outflow obstruction or even in people who have ingested hair (trichobezoar), indigestible plant material (phytobezoar) or foreign bodies (pseudobezoar).¹ They can be treated endoscopically or surgically. Given their relative rarity, there is no evidence for their optimal management. Initially, we unsuccessfully attempted to break up the bezoar with snare and forceps (figure 2). We subsequently fragmented it with ERCP lithotripter and large snare (which was probably the most useful) (figure 3). Repeat endoscopy 2 weeks later was normal and she was discharged without further complications.

Figure 1 Contrast enhanced axial CT slice at the level of the gastric antrum demonstrates a round mass of mixed density containing air pockets.

Figure 2 Failed attempt to break up bezoar with forceps.

Figure 3 Bezoar broken up following use of the large snare.

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Reference

1. Lee J. Bezoars and foreign bodies of the stomach. *Gastrointest Endosc Clin N Am* 1996;6:605–19.