CLINICAL SNAPSHOT

A 76-Year-Old Woman With Chest Pain and Tarry Stool

Computerized tomography on admission (a + b) reveals the perforation (arrow) of the intrathoracic stomach (asterisk) into the pleural cavity. An extensive seropneumothorax is seen (triangles).

A 76-year-old woman was taken to the emergency room because of chest pain and tarry stool. She stated that she frequently used a combined preparation containing acetylsalicylic acid, acetaminophen, and caffeine.

Esophagogastroduodenoscopy was performed because of the suspected diagnosis of upper gastrointestinal bleeding. This revealed a paraesophageal hernia and an ulcer with covered perforation in the area of the gastric cardia and fundus. Computerized tomography (CT) of the chest and abdomen yielded the diagnosis of an intrathoracic stomach with perforation into the left pleural cavity (*Figure*). In an emergency procedure, the proximal portion of the stomach and the neighboring distal portion of the esophagus were resected, with ensuing gastric reconstruction, esophago-gastrostomy, and hiato-plasty. Pleural empyema arose as a postoperative complication and was treated with irrigation

and partial pleurectomy. A persistent pleural fluid collection was drained under CT guidance. The patient was discharged in stable condition after three weeks in the hospital.

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Conflict of interest statement

The authors state that they have no conflict of interest.

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