

Gasric Rupture as the Result of a Binge-Eating after a Abstinence Prayer

Joon Ho Cho, M.D., Sun Wook Kim, M.D., Yoo Sang Yoon, M.D., In Cheol Park, M.D., Seung Ho Kim, M.D.

Spontaneous gastric rupture is a very rare disease and may be related to the consumption of large meals. We experienced a rare case of gastric rupture due to binge eating. A 57-year-old woman visited the emergency department with an abdominal distention following binge eating after a two-day abstinence prayer. A plain abdominal X-ray showed free air in the subphrenic space and a markedly distended stomach. At laparotomy, the stomach was dilatated and ruptured about 7 cm from the esophagogastric junction to the lesser curvature. A total gastrectomy was done, but at 11 days, the patient expired due to sepsis. Causes of acute gastric dilatation are various and include binge eating. Massive gastric dilatation leads to a decrease in intramural blood flow and gastric infarction. Symptoms of gastric dilatation may be mild, but are progressive. Diagnosis can be made by observing free air or a distended stomach on a simple abdominal X-ray. Treatment should begin with nasogastric decompression and fluid resuscitation. If conservative treatment fails or if gastric infarction or perforation is suspected, surgical intervention is mandatory.

Key Words: Gastric rupture, Binge eating, Gastric dilatation

Department of Emergency Medicine, Yonsei University College of Medicine, Seoul, Korea

가 , 가¹⁾. (gastric dilatation) (gastric rupture)²⁾. 가 .

57 가 3 . 10 . 3 2 . 143/111 mmHg, 36 , 100 / , 24 / . 12.8 g/dL, 37.5%, 4,170/mm³, 293,000/mm³, AST/ALT 24/12 IU/L, amylase/lipase 105/144 U/L, BUN/Cr 15.4/0.9 mg/dL, Na/K/Cl 143/3.48/104 mEq/L . (Fig. 1). 가 (Fig. 2).

mmHg

가

3

가

20 cm

가 40 cm,

가

(Fig. 3).

11

(esophagogastric)

7 cm

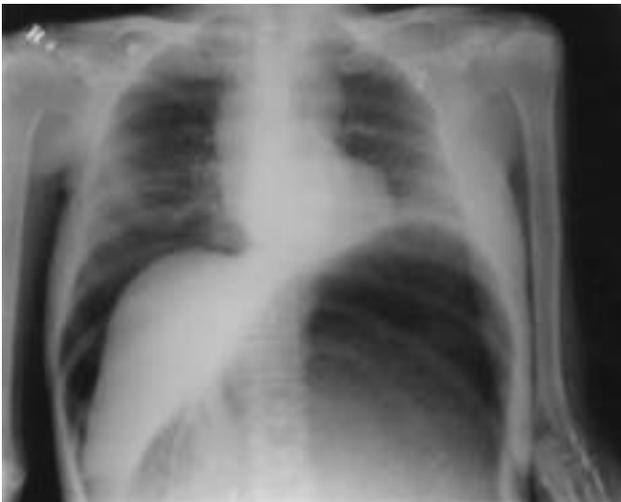


Fig. 1. Chest PA. Diaphragm elevation and free air are noted on both subphrenic areas.

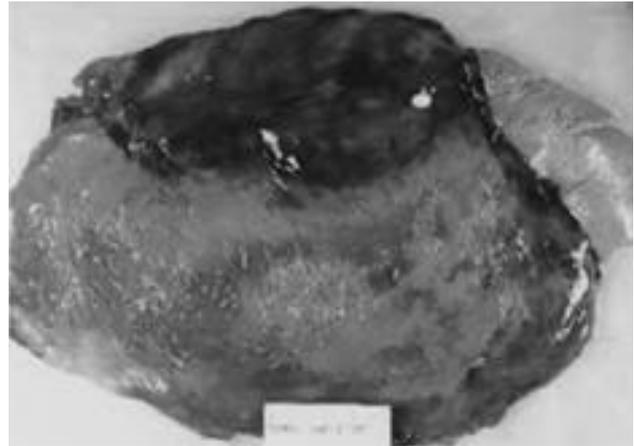


Fig. 3. Stomach specimen. The stomach measures 40 cm on the greater curvature and 20 cm on the lesser curvature. The mucosa of stomach is extremely edematous and area of previous multifocal hemorrhage and old blood clots are identified on the cardia of fundus and upper body. The mucosa of the lower body is edematous and the wall of stomach is very thin due to marked dilatation. Multiple sections reveal no additional tumor mass or perforated area.



Fig. 2. Flat and upright abdomen film. Free air in both subphrenic spaces and a markedly distended gas containing stomach are noted.

(mass effect) 13)

가 가 . 가

50 ~ 65% , 가

100% 10)

가 , 가

가 4

23,000 3)

4

66 (67%), 73% 2)

1885

4 L 5)

2 가 6)

가 7)

20 cm H₂O 가

가 80%

가 6)

(rapid refeeding) 가 2)

가 7)

9)

(board-like rigidity) 10)

가 11)

가 12)

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