Dear Editor,

This is the first study on the construction of the relationship between a non-obstructive gastric antral web and gastric-outlet obstruction in children and adults.

Congenital or acquired gastric antral webs (GAWs) may cause gastric-outlet obstruction in children and adults. Endoscopic methods are often used in the treatment of obstructive GAWs. We report the case of a patient with a congenital non-obstructive antral gastric web. The patient was a 25-year-old male with gastrointestinal hemorrhage followed by dyspeptic complaints. There was a follow-up period for the patient after treatment. Because GAWs are encountered and rarely reported in the literature, the images taken during endoscopic surgery of the patient, as a significant contribution to the literature, are also presented.

The GAWs is a resident mucosa ring in the distal stomach (gastric antrum), which may cause gastric-outlet obstruction. It is also called as “gastric antral diaphragm,” the peripheral ring of the mucosa. GAWs are rarely encountered. It also has a close relationship with trisomy 21 and immunodeficiency syndromes. Radiologically, a smooth and fine narrowing was observed during fluoroscopy at about 2 cm from the pylori in the gastric antrum. It may results an appearance of “double duodenum” in the case at which web is massive. Webs may be clinically asymptomatic or may cause gastric-outlet obstruction. Symptomatic webs can be treated by upper gastrointestinal (GIS) endoscopy. The characteristic webs must be diagnosed, without confusion, with gastric carcinomas and pyloric stenosis (1-3).

Gastric antral web (GAW) is a rarely encountered complaint, which is the cause of gastric-outlet obstruction in both adults and children. The incidence frequency in the esophagogastroduodenoscopy series of 24640 cases was found as 0.14% by Shannon et al. The double bulb image during endoscopy was characterized as a characteristic “double bulb sign.” Only five of 34 of these cases were found to have gastric-outlet obstructions, and the remaining 29 patients had non-obstructive GAW (4). GAWs may be considered in adult cases as either congenital or acquired lesions (5). Complete GAWs leading to gastric-outlet syndrome may be treated using endoscopic methods such as balloon dilatation, standard biliary needle-knife, and multiple incisions with electrocautery.
Surgical treatment is an alternative, if required (6). Our patient was thought to have a non-obstructive congenital antral web. Patients with non-steroidal GIS bleeding were followed up after the treatment.

**Informed Consent:** Written informed consent was obtained from the patient who participated in this study.

**Peer-review:** Externally peer-reviewed.


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**REFERENCES**

2. Cho KJ. Gastric antral diaphragm. Gastrointest Radiol 1976; 1: 37-40. [CrossRef]
3. Salah W, Baron TH. Gastric antral web: a rare cause of gastric outlet obstruction treated with endoscopic therapy. Gastrointest Endosc 2013; 78: 450. [CrossRef]
6. Wajeeh Salah, Todd H. Baron. Endoscopic Therapy of a Gastric Antral Web Causing Gastric Outlet Obstruction. Gastrointest Endosc 2013; 77: 5. [CrossRef]