

Ischemic gastritis

To the Editor,

A 74-year-old man with dysphagia was admitted to our hospital for percutaneous endoscopic gastrostomy. He had a history of diabetes mellitus, cerebral infarction, hypertension. The endoscopic examination revealed segmental, well-defined red flares in the lesser curvature of the gastric body (Figure 1). Histopathological examination of endoscopic biopsy specimens confirmed interstitial congestion and bleeding, and partial degeneration of the mucosal tissue. After 14 days of proton pump inhibitor administration with total parenteral nutrition support, the lesions had improved and almost disappeared (Figure 2).

In general, ischemic gastritis occurs rarely because of the rich collateral vascular supply of the stomach (Figure 3). Ischemic gastritis usually occurs when two or more of the major feeding arteries are occluded and is an acute necrotizing disease with a poor prognosis (1-2), but the case showed only mild mucosal injury. In this case, diabetes and hypertension were considered



Figure 1. The endoscopic examination revealed segmental, well-defined red flares in the lesser curvature of the gastric body.

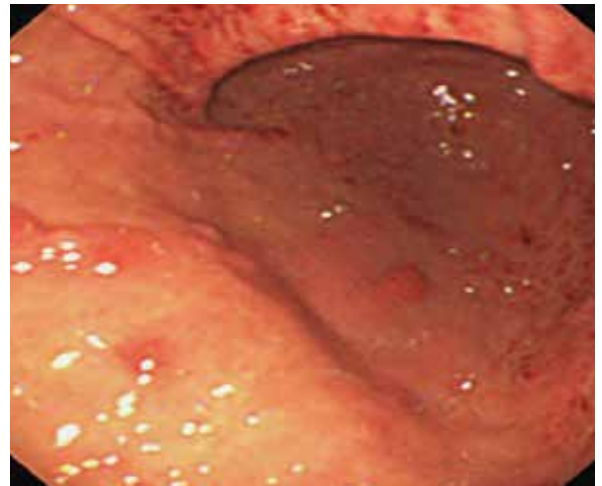


Figure 2. After 14 days of proton pump inhibitor administration with total parenteral nutrition support, the lesions had improved and almost disappeared.

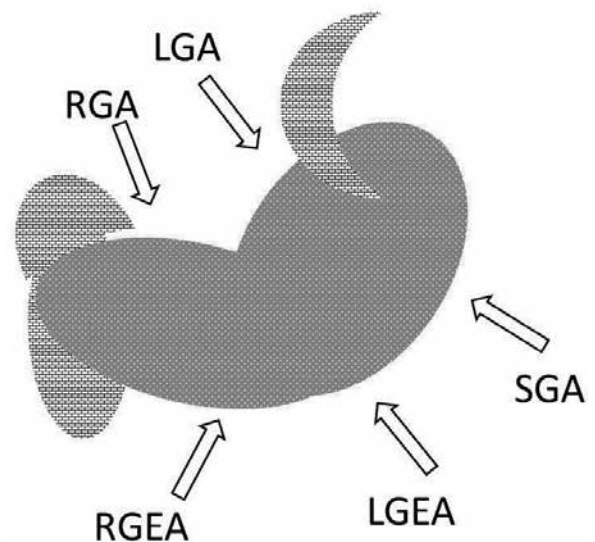


Figure 3. Ischemic gastritis usually occurs when two or more of the major 5 feeding arteries are occluded. LGA: left gastric artery, RGA: right gastric artery, SGA: short gastric artery, LGEA: right gastroepiploic artery, RGEA: right gastroepiploic artery.

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as the risk factors. In addition, an increase in his daily dose of furosemide 5 days before the endoscopic examination could also have contributed to the onset of ischemia. In conclusion, ischemic gastritis is a rare but important condition for gastroenterologists.

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