



QUIZ 1

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Clinical History: 50 years old female with recent on set of fever, vomiting and leucocytosis under went CT scan of the abdomen & pelvis with oral and IV contrast.



Questions

- Q1. What is the most likely diagnosis?
- Q2. What is the likely cause of this condition?
- Q3. What are the main CT findings of this condition?
- Q4. What is the next close differential diagnosis and how would you differentiate the both conditions?

QUIZ 1

Answers

Answer 1: Emphysematous gastritis.

Answer 2: It is an uncommon condition which is usually caused by a gas-producing organism, typically *Escherichia coli* which causes invasion of the gastric wall.

Answer 3: Thickening of the stomach wall with presence of intramural air (within the layers of the stomach wall) and perigastric fat stranding.

Answer 4: The next close differential include gastric emphysema, which is a benign condition in which intraluminal air dissects to the gastric wall. It may rarely occur after caustic ingestion or gastric infarction. Radiological findings in both conditions can be overlapping but there will be less mural thickening and benign clinical course of gastric emphysema in which patients are usually asymptomatic and condition resolves spontaneously.

References

1. Horton KM, Fishman EK. Current Role of CT in Imaging of the Stomach. RadioGraphics, Jan – Feb,2003;**23(1)**:75 - 87
2. Monteferrante M, Shimkin P.. CT diagnosis of emphysematous gastritis. AJR Am J Roentgenol. 1989 Jul;**153(1)**:191-2