

A Rare Endoscopic Finding: Gastric Diverticulum

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Article Info

Received: March 08, 2023

Accepted: June 16, 2023

Published: June 28, 2023

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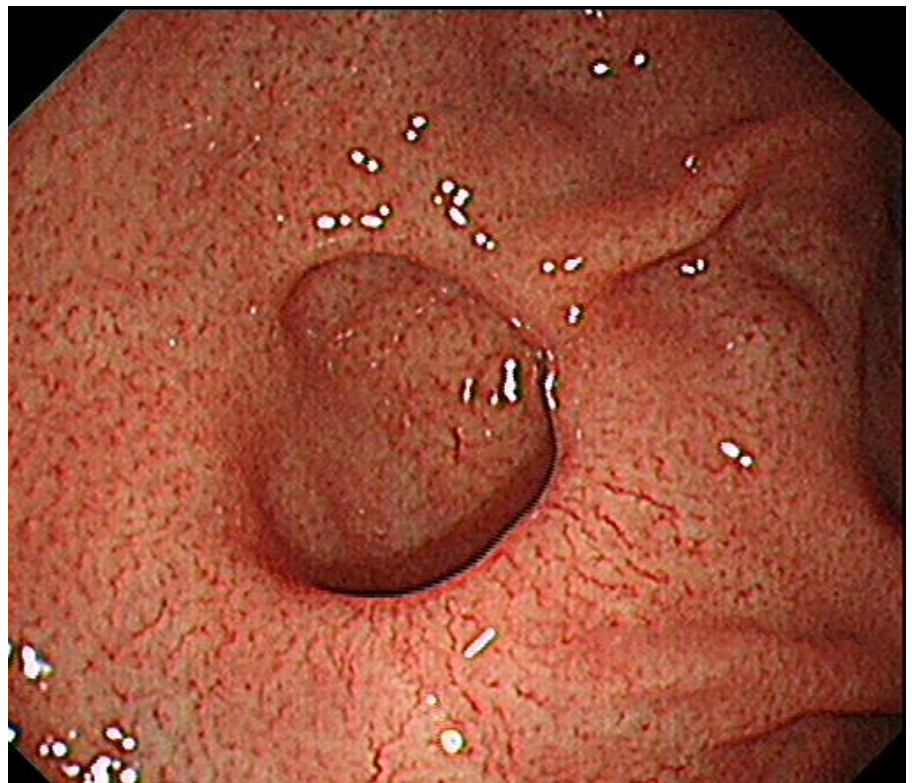
Citation: Yi-Xue Zhou, Qiao-Yun Tong, Wei Liu. (2023) "A Rare Endoscopic Finding: Gastric Diverticulum", J of Gastroenterology and Hepatology Research, 4(1); DOI: <http://doi.org/06.2023/2.10138>.

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Abstract:

Introduction:

A 40-year-old man received upper gastrointestinal endoscopic scan during a health check-up. There was no history suggestive of *Helicobacter pylori* eradication, reflux esophagitis, peptic ulcer disease and upper abdominal surgery. Endoscopy revealed a wide-mouthed diverticulum of the size of 1.5×2 cm between the fundus and greater curvature of the stomach (Figure 1A). Gastric diverticulum is the least common type of diverticular disease of the gastrointestinal tract which is usually incidentally diagnosed[1]. As a form of diverticular disease, gastric diverticulum is an outpouching of the gastric wall that is equally distributed between men and women. It is usually single, varying in size from 1 to 3 cm. Gastric diverticulum may be classified into congenital (true diverticula), involving all the layers on the posterior wall in the area near the gastric fundus, and acquired (false diverticula) that lack the muscularis in the prepyloric region[2]. Clinical feature may include dyspepsia, upper abdominal pain, reflux or even hemorrhage and perforation[3]. However, it remains asymptomatic in most cases. The appropriate management depends on the presentation and complications of the diverticulum. When the diverticulum is large or the symptoms do not respond to medical management, surgical intervention is considered. Intraoperative endoscopy is helpful because the diverticulum is easily missed during surgical exploration.



**Footnote**

Conflicts of Interest: The authors have no conflicts of interest to declare.

The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this “GI Image”.

Author's contributions

Collection of data and writing: Yi-Xue Zhou.

Manuscript preparation: Qiao-Yun Tong.

Final approval of the manuscript: Wei Liu.

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