

## Gastrite Enfisematosa: Imagens de um Raro Foco Séptico Emphysematous Gastritis: Images of a Rare Septic Focus

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**Palavras-chave:** Enfisema/diagnóstico por imagem; Gastrite/diagnóstico por imagem; Infecções Intra-Abdominais/diagnóstico por imagem; Sepsis.

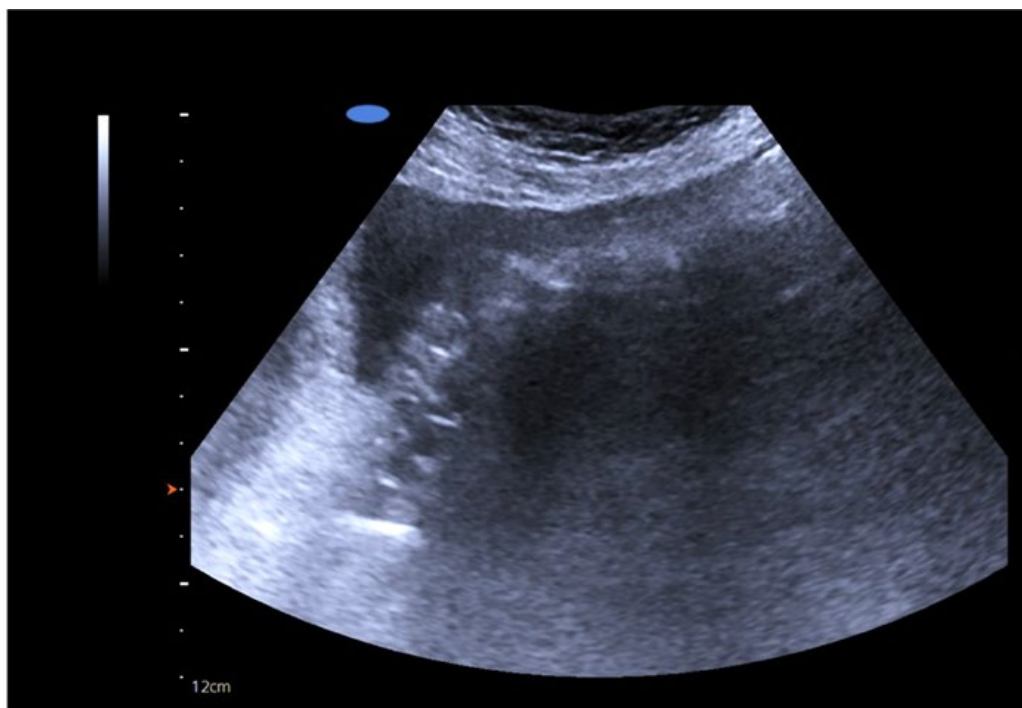
**Keywords:** Emphysema/diagnostic imaging; Gastritis/diagnostic imaging; Intraabdominal Infections/diagnostic imaging; Sepsis.

An 88-year-old female patient, who had a history of diabetes mellitus and atrial fibrillation, presented to the emergency department with hypotension, fever, and abdominal pain. Her blood analysis showed elevated inflammatory

markers (C-reactive protein of 9 mg/dL), abnormal renal function (creatinine of 1.7 mg/dL), and elevated lactate levels (10 mmol/L). She started fluid therapy and was admitted to the intermediate care unit.

Point-of-care ultrasound was performed for hemodynamic evaluation and was consistent with venous congestion and severe aortic stenosis. In addition, a hyperechoic band reflecting a thickened gastric wall was visible in the subcostal view, with multiple small hypoechoic points in its interior.

An abdominal computed tomography (CT) scan revealed the presence of air in a thickened gastric wall, consistent with emphysematous gastritis, but ruled out ischemia or perforation (Fig. 2). The patient was given empiric pipe-



**Figure 1:** Longitudinal subcostal view showing a thickened and heterogeneous gastric wall, below the left hepatic lobe.

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racillin-tazobactam, as well as a vasopressor and dialytic support. The results from her blood cultures came back negative. Despite adequate therapy, she developed refractory shock and died two days after admission.

Emphysematous gastritis is a severe, extremely uncommon infection of the gastric wall caused by gas-forming bacteria.<sup>1</sup> Common risk factors include old age, diabetes mellitus and renal failure, and the diagnosis is



**Figure 2:** Abdominal CT scan confirming the presence of air within a thickened gastric wall.

based on the presence of intramural air in the stomach of patients with clinically suspected infection.<sup>2</sup> Treatment relies on adequate antibiotic therapy, but complicated cases, such as those with gastric perforation, may require surgical intervention.<sup>3</sup>

This case highlights that emphysematous gastritis is a possible cause of abdominal sepsis and should be considered in the differential diagnosis in patients with risk factors and without alternative foci. The value of point-of-care ultrasonography in guiding resuscitation and the search for infectious foci, as well as the role of abdominal CT in the diagnosis of abdominal sepsis, cannot be underemphasized. ■

#### Declaração de Contribuição

MTB – Pesquisa, elaboração, aquisição de imagens e revisão científica do artigo.

FB, RC, ASD – Aquisição de imagens e revisão científica.

Todos os autores aprovaram a versão final a ser submetida.

#### Contributorship Statement

MTB – Research, elaboration, image acquisition and scientific revision of the article.

FB, RC, ASD – Image acquisition and scientific review.

All authors approved the final draft

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