Emphysematous Gastritis in a Patient with Breast Cancer

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Picture 1.

Picture 2.

A 62-year-old woman receiving chemotherapy for postoperative recurrent breast cancer visited our outpatient department with repeated vomiting, diarrhea and abdominal pain. The patient was admitted for acute gastroenteritis, and conservative therapy was started. In addition to an increased inflammatory reaction, a stool test was positive for *Clostrid-*

ium difficile antigens; however, abdominal computed tomography (CT) showed no abnormalities. The patient's symptoms did not improve, and nine days after admission, thoracoabdominal radiographs (Picture 1) and CT images (Picture 2, 3) showed intramural gas (arrows) extending from the esophagus to the stomach. There was no free air in

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Picture 3.

the mediastinum or abdomen, and no metastasis of breast cancer to the gastric wall was detected. The patient died 14 days after admission.

We speculate that our patient was immunocompromised due to the effects of chemotherapy for recurrent breast cancer and subsequently experienced repeated vomiting as a result of gastrointestinal infection, which generated esophageal and gastric intramural gas associated with mechanical stimulation (1, 2).

The authors state that they have no Conflict of Interest (COI).

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