A 70-year-old woman presented with a 2-day history of upper abdominal pain and fever. Her medical history included erosive gastritis, which was recently detected on upper endoscopy. Contrast-enhanced computed tomography of the abdomen revealed a mass lesion of 4 cm in length in the antrum of the stomach (Picture A). Upper endoscopy revealed a submucosal mass with an intact mucosa arising from the antrum of the stomach (Picture B). Endoscopic ultrasonography revealed a heterogeneously echo-textured lesion of 4×3 cm in size in the gastric wall (Picture C). The presence of internal debris raised the suspicion of abscess.
Drainage was performed with a pigtail catheter, and pus was aspirated (Picture D). The administration of intravenous antibiotics was initiated empirically. The clinical manifestation improved immediately. Pus cultures grew *Streptococcus mitis*, *Streptococcus intermedius*, and *Fusobacterium mortiferum*. Gastric wall abscesses are extremely rare. Such abscesses can therefore be treated with antibiotics and endoscopic drainage without surgical drainage (1).

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Reference