

CLINICAL IMAGE**Gastric diverticulum of the antrum: An unusual endoscopic finding**Faidon-Marios Laskaratos^{1,2}  | Hanan El-Mileik^{2,3}¹Centre for Gastroenterology, Royal Free London NHS Foundation Trust, London, UK²Endoscopy Unit, Chartwell Private Hospital, Southend-on-Sea, Leigh-on-Sea, UK³Gastroenterology Department, Queen's Hospital, Barking Havering and Redbridge NHS Trust, Romford, UK**Correspondence**

Faidon-Marios Laskaratos, Centre for Gastroenterology, Royal Free London NHS Foundation Trust, London, UK.

Email: flaskaratos@gmail.com

Key Clinical Message

Gastric diverticula are rare and may sometimes cause diagnostic confusion. Most cases are asymptomatic and diagnosed incidentally. However, sometimes they can cause a variety of clinical manifestations and may be complicated by bleeding, perforation, or malignancy. Therefore, clinicians should be aware of this unusual finding and the available management options.

KEYWORDS

antrum, endoscopy, gastric diverticulum, gastroscopy

A 26-year-old female with no significant past medical history presented with non-specific abdominal discomfort, which had demonstrated a partial response to a trial of proton pump inhibitor (PPI) therapy. A gastroscopy was performed which showed a small (5-6 mm in diameter) diverticulum in the antrum (Figure 1A,B).

Gastric diverticula are very rare with a reported prevalence of 0.01%-0.11% at upper gastrointestinal endoscopy

and 0.03%-0.3% at autopsy studies.¹ The majority (75%) of true gastric diverticula are located in the fundus, while in extremely rare cases they have been reported in the antrum.² False diverticula (pseudodiverticula) are less common and typically associated with other gastrointestinal disorders, such as peptic ulcer disease or malignancy.¹ Most cases are asymptomatic, but symptomatic patients can present with a variety of clinical manifestations, such as abdominal pain,

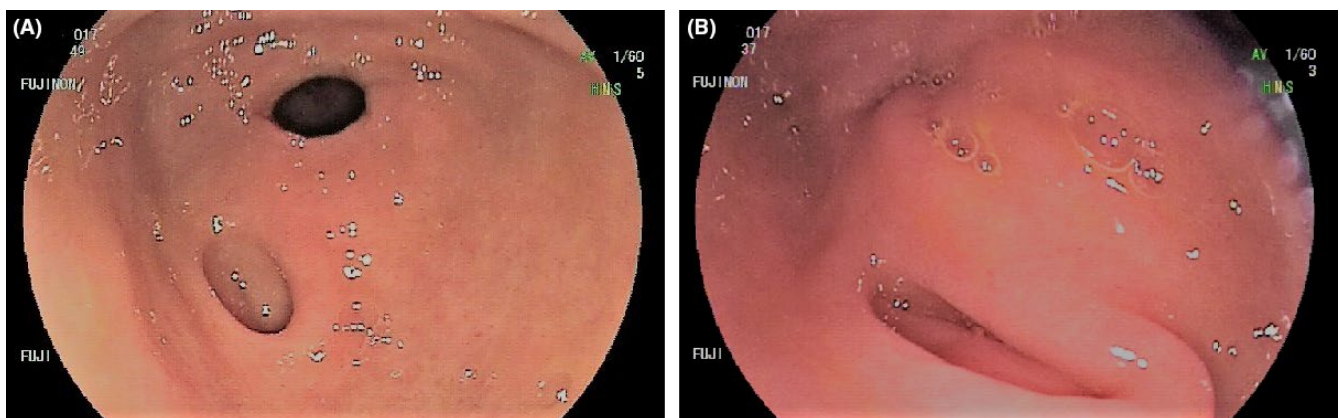


FIGURE 1 (A and B) Endoscopic view of the antrum demonstrating a small diverticulum adjacent to the pylorus

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2018 The Authors. *Clinical Case Reports* published by John Wiley & Sons Ltd.

nausea, vomiting, dyspepsia, weight loss, bleeding, or even perforation. The mechanisms by which gastric diverticula can cause symptomatology are somewhat unclear but include development of complications and food retention with bacterial overgrowth (which can lead to dyspepsia, belching, and halitosis).

Management of symptomatic patients is usually conservative with PPI therapy, but in cases of gastric diverticula complicated by bleeding, perforation, or malignancy, surgery (open or laparoscopic resection) is recommended.

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTION

Both authors contributed equally to the conception and preparation of the manuscript.

ORCID

Faidon-Marios Laskaratos  <http://orcid.org/0000-0002-8673-1837>

REFERENCES

1. Rashid F, Aber A, Iftikhar S. A review of gastric diverticulum. *World J Emerg Surg.* 2012;7:1.
2. Tritsias T, Finch J. Gastric diverticulum of the prepyloric region: A rare presentation of gastric diverticulum. *Case Rep Gastroenterol.* 2012;6:150-154.

How to cite this article: Laskaratos F-M, El-Mileik H. Gastric diverticulum of the antrum: An unusual endoscopic finding. *Clin Case Rep.* 2018;6:2515–2516. <https://doi.org/10.1002/ccr3.1910>