

Image of the month

Estómago de retención gigante por atracones bulímicos

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Fig. 1

Fig. 2

The patient is a 31-year-old woman with a bulimic disorder that was not being monitored by a psychiatrist. She came to our Emergency Department due to abdominal distension and incoercible vomiting after having ingested copious amounts of food on the preceding days. On examination, the abdomen was very distended and showed tension although there was no guarding or peritoneal irritation. She presented acute deterioration of level of consciousness and renal insufficiency. Computed tomography showed a large gastric dilatation ($15 \text{ cm} \times 34 \text{ cm} \times 22 \text{ cm}$) with an estimated volume of 111 (Fig. 1), renal and hepatic infarction, and compression of the small intestine and abdominal aorta (arrow) (Fig. 2). We suctioned 7 l of the gastric content, which resulted in improved symptoms and later restitution of the digestive transit.

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