A 72-year-old female patient who had undergone total gastrectomy 78 months earlier due to gastric adenocarcinoma T2N2M0 came to the emergency room with symptoms of pain in the right hypochondrium, nausea and decreased bowel transit. Upon examination, she presented a distended abdomen with multiple masses, especially a palpable, although not painful, gallbladder with notable cholestasis.

A computed tomography scan showed peritoneal carcinomatosis with an implant at the angle of Treitz (Fig. 1A), which caused retrograde dilatation of the duodenum, main pancreatic duct, bile duct and gallbladder (Courvoisier sign) (Fig. 1B). Given these findings, it was decided to initiate palliative symptomatic treatment.