

Image of the Month

Tomonori Iida, MD; Haruyuki Akita, MD, PhD; Masasi Sasaki, MD, PhD; Nobuyoshi Hanyu, MD, PhD; Katsuhiko Yanaga, MD, PhD

A 62-YEAR-OLD MAN WAS ADMITTED TO THE hospital with epigastric pain, nausea, anorexia, and abdominal distention. He had a history of duodenal ulcer with pyloric stenosis 10 years earlier and recent multiple gastric ulcers mainly in the gastric angle. The findings of a physical examination revealed anemia, emaciation, and epigastric tenderness without peritoneal signs. Peripheral blood cell counts and biochemical test results showed anemia (hemoglobin level, 10.9 g/dL [to convert to grams per liter, multiply by 10.0]), nutritional im-

pairment (serum total protein level, 5.7 g/dL [to convert to grams per liter, multiply by 10.0]; albumin level, 3.1 g/dL [to convert to grams per liter, multiply by 10.0]; and total cholesterol level, 112 mg/dL [to convert to millimoles per liter, multiply by 0.0259]), and mild inflammation (C-reactive protein level, 18.1 mg/L [to convert to nanomoles per liter, multiply by 9.524]). Gastrointestinal fiberscopy (**Figure 1**) and barium enema (**Figure 2**) were performed.

What Is the Diagnosis?

- A. Large peptic ulcer
- B. Gastric adenocarcinoma type 2
- C. Gastrocolic fistula associated with a gastric ulcer
- D. Gastric submucosal tumor

Author Affiliations: Departments of Surgery, The Jikei University School of Medicine, Tokyo (Drs Iida, Hanyu, and Yanaga), and Sasaki Private Hospital, Saitama (Drs Akita and Sasaki), Japan.

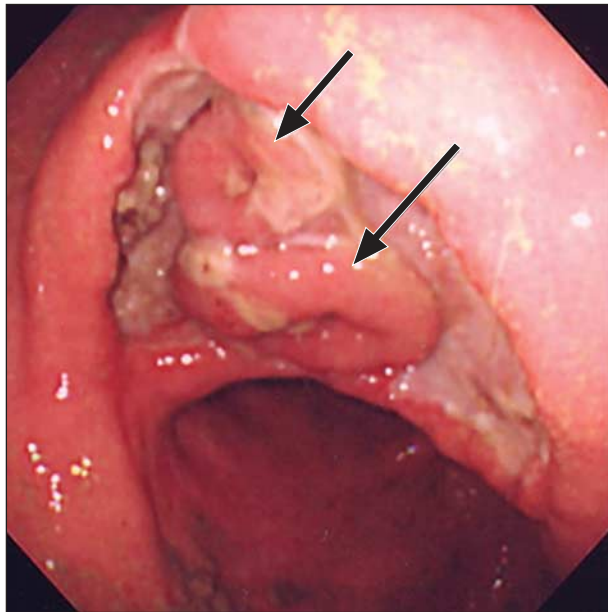


Figure 1. Gastrointestinal endoscopy indicated a giant gastric ulcer at the gastric angle. At the bottom of the ulcer, what appears as the intestine with 2 openings (arrows) was identified.

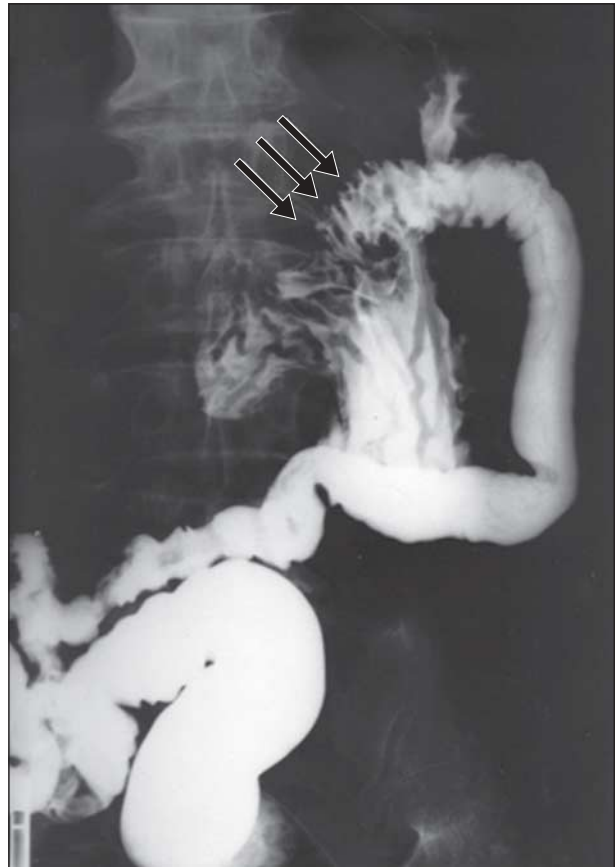


Figure 2. Barium enema showed backward flow of barium from the transverse colon into the stomach (arrows).