Acute Gastric Ischemia After Chemoembolization in a Patient with Hepatocellular Carcinoma
Raghav Bansal¹, Ishan Patel¹, Christopher Tomaino¹, Joshua Aron¹ and Aaron Walfish¹

A 72-year-old man presented with severe diffuse abdominal pain and melena. His past history was significant for hepatitis C cirrhosis and hepatocellular carcinoma status post partial resection five years ago and recurrent malignant lesions treated with multiple sessions of transarterial chemoembolization (TACE). He had received his last TACE treatment of a lesion in segment 6 via a distal branch of the right renal artery 2.5 months prior to the presentation. His examination was significant for moderate abdominal distension and tenderness. Laboratory findings were notable for the following: hemoglobin, 7.4 g/dl; creatinine, 2.4 mg/dl; and lactate, 10.1 mmol/l. Initial computerized tomography of the abdomen/pelvis without contrast showed cirrhosis and a hepatic mass, a markedly distended stomach, and gas in the gastric wall, an intrahepatic portion of the portal vein, and the gastric veins (a). Esophagogastroduodenoscopy showed ulceration and necrosis localized to the fundus and proximal lesser curvature (b). The patient was managed conservatively with bowel rest, intermittent nasogastric tube suction, intravenous (IV) fluids, IV pantoprazole, and broad-spectrum antibiotics. He responded well to medical management, showing marked improvement on repeat imaging with contrast (c). (Informed consent was obtained from the patient to publish these images.)

¹Icahn School of Medicine at Mount Sinai, Elmhurst Hospital Center, Elmhurst, New York, USA.

Spontaneous Pseudocystocolonic Fistula: An Unusual Complication of Acute Pancreatitis
Amol S. Dahale¹, Shivakumar Varakanahalli¹, Lokesh Jha¹, Sukrut Sud¹, Ajay Kumar¹, Sanjeev Sachdeva¹ and Amarender S. Puri¹

A 33-year-old man known to have alcohol-related acute pancreatitis with a pseudocyst (a) symptomatic in the form of an upper abdominal lump and pain for the previous 2 months presented to us with hematochezia followed by two days of diarrhea with a sudden reduction in the size of the lump. Colonoscopy revealed a double-barrel lumen (b): a pseudocystocolonic fistula (arrowhead) and a normal lumen (arrow). A Gastrografin enema revealed communication between the splenic flexure and the pseudocyst cavity (c). (Informed consent was obtained from the patient to publish these images.)

¹G.B. Pant Hospital, New Delhi, India.