Abstracts

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Figure 1. CT-A chest - very large hialtal hernia.

(CD117)

Figure 2. CT-A chest - very large hialtal hernia.

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Helicobacter pylori Infection: An Important Consideration in Patients With Suspected Cannabinoid Hyperemesis Syndrome

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INTRODUCTION: Cannabinoid Hyperemesis Syndrome (CHS) is a clinical diagnosis made by the combination of chronic marijuana use, episodes of cyclic nausea and vomiting, and concurrent stereotypical behavior including use of hot showers for symptom relief during these episodes. CHS represents an emerging problem in part due to the legalization of marijuana in parts of the United States. Despite its recognition, other more common etiologies of chronic, episodic nausea and vomiting should be considered within the correct clinical context. We performed a single center retrospective chart review and documented the prevalence of contracted Helicobacter pylori infection (H. pylori) in patients diagnosed with CHS.

MATERIALS AND METHODS: We retrospectively reviewed charts from 18 years or older with an active diagnosis of CHS from May 2017 to May 2019. Patient charts were reviewed and the presence of H. pylori infection (defined as positive urea breath test, stool antigen, tissue stain or culture) was verified. 30 patients with CHS were identified, and 19 (63%) of those were tested for H. pylori. 6 (32%) of those patients were diagnosed with active infection. All six patients were prescribed standard triple or quadruple therapy, but only one was documented to have completed the therapy in whole. The treated patient was a 52 year-old male who had a longstanding history of episodic nausea and vomiting. Prior upper endoscopy at an outside facility showed duodenal ulcers. He was admitted to the hospital for intractable nausea and vomiting in setting of marijuana abuse. H. pylori stool antigen resulted positive during admission. The patient followed-up in outpatient clinic after completing triple therapy and reported complete resolution of nausea and vomiting despite ongoing daily marijuana use.

DISCUSSION: This is the first report of the rates of concurrent infection of H. pylori in individuals diagnosed with CHS. The reported prevalence of H pylori in the United States varies widely, with the largest analysis of gastric biopsies revealing a rate of 7.5% with general trends higher in African Americans and populations close to the United States-Mexico border. In CHS patients with H. pylori, compliance issues may contribute to persistent and untreated infection. Our single center analysis suggests that H. pylori rates may be higher than the general population in patients with CHS, but larger patient databases will be needed ascertain true treatment rates, and response to therapy.

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Large Gastric Gastrointestinal Stromal Tumor With Spontaneous Rupture of Necrotic Fluid Collection

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INTRODUCTION: Gastrointestinal stromal tumors (GIST) are the most common mesenchymal tumor of the gastrointestinal tract. Fluid collection within GISTs is very rare with only several case reports documented. We present the first case of spontaneous rupture from a large gastric GIST with necrotic fluid collection which has been documented on endoscopic exam.

CASE DESCRIPTION/METHODS: A 91 year-old Caucasian female with a 3 month history of weight loss and progressive dysphagia to solids presented for evaluation. She was afibrile and hemodynamically stable with mild tachycardia. Initial labs revealed mild leukocytosis and low protein/albumin. Computer tomography demonstrated large 12 x 11 cm gastric mass with air-fluid level. Follow-up diagnostic esophagogastroduodenoscopy (EGD) showed a large fundic mass with two large crusted ulcerations with bridging mass in the proximal stomach with unremarkable histology on biopsy. Follow-up EGD with endoscopic ultrasound (EUS) demonstrated similar visualization with now small collection of purulent fluid though no fistula was appreciated. On EUS there was a large heterogeneous hypervascular mass bridging across all echo layers and a fluid echogenicity without doppler flow contained within the mass. Fine needle aspiration showed spindle cell neoplasm (CD117+, DOG1+) compatible with GIST. Given comorbidity and advanced age, she was not considered a surgical candidate. After starting Imatinib, she was offered therapeutic EGD was for possible decompression of the fluid collection within the tumor, to relieve mass effect for palliation. On visual exam there was again evidence of more purulent material that was extruding from a small opening in the center of the mass. The endoscope was advanced into the small opening and revealed a large fluid filled cavity within the mass. After copious irrigation with suction the majority of the

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cystic fluid was removed and two plastic double pigtail stents were placed to allow full decompression of the cystic cavity. On follow-up exam, she reported improvement of her pain.

DISCUSSION:
GIST are most often found in the stomach but overall account for 3% of all gastric malignancies. The initial presentation is often asymptomatic but there are many cases of highly variable symptomatic presentations of larger GIST. GIST with cystic changes are considered rare, with only 11 cases reported to date. This case is the first documentation of a cystic GIST that spontaneously ruptured, forming a fistulous tract between the cavity and the stomach.

A Unique Case of Bezoar and Incidental Situs Ambiguous
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INTRODUCTION: Situs ambiguous refers to abnormal arrangement of thoracoabdominal organs along left-right body axis, and is associated with multiple complex congenital cardiac as well as non-cardiac anomalies. This abnormal arrangement is different from orderly arrangement seen in situs solitus or situs inversus. We report a unique case of incidental situs ambiguous discovered during management of aspiration pneumonia caused by gastric outlet obstruction.

CASE DESCRIPTION/METHODS: 62-year-old gentleman presented with one month history of multiple episodes of non-bilious vomiting and watery diarrhea, two weeks of abdominal distension.