**A RARE FINDING OF H PYLORI GASTRITIS AND DUODENITIS MIMICKING A GASTRIC DIVERTICULUM IN UPPER GASTROINTESTINAL BLEEDING**

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**Background:**

Gastric diverticulum is extremely rare with a prevalence of 0.04-0.11% (1). Two types occur – congenital and acquired. Acquired diverticula are often located close to the pylorus and are associated with organic gastric diseases (2,3).

**Case report:**

A previously healthy 13-year old male presented with acute onset, red, painless rectal bleeding. Initially, Meckel scan did not show evidence of Tc99 Pertechnetate uptake. A subsequent CT angiogram revealed an incidental finding of two outpouchings concerning diverticula near the gastric antrum without any source of active bleeding (figure 1). The patient’s bleeding progressively became melenic raising a suspicion for an upper GI source of bleeding, possibly from the gastric diverticula. An upper GI endoscopy did not visualize diverticula, however, showed swollen gastric antrum and ulcerated duodenum (figure 2). Biopsies revealed active H. Pylori gastritis and duodenitis with acute mucosal hemorrhage. Since endoscopy did not visualize diverticula, contrast upper GI series was performed to verify location. The contrast study showed prominent swelling of duodenal bulb which was mimicking the ‘gastric diverticula’ on prior CT angiogram.

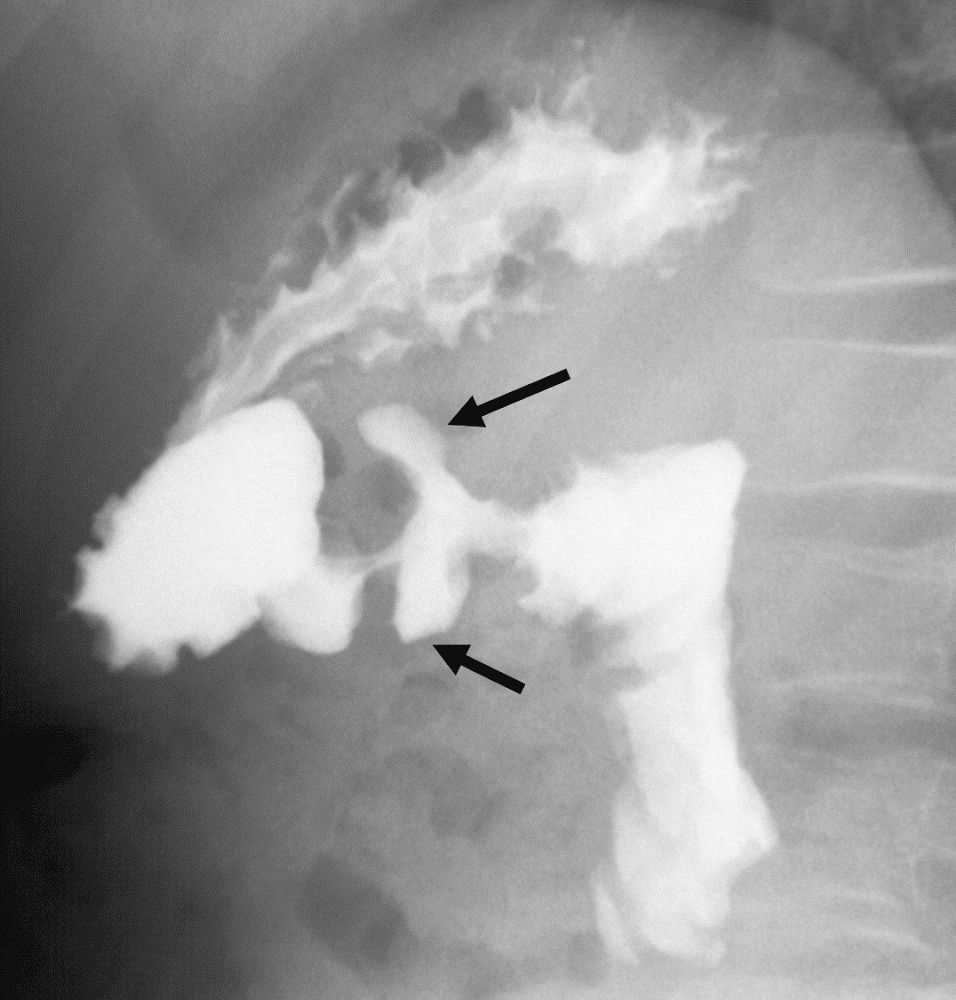
**Discussion:**

The finding of the ‘mistaken’ gastric diverticula on CT, which was subsequently determined to be the swollen duodenal bulb in upper GI contrast study, is fascinating. Evidence favoring the latter is based on the appearance of two symmetric outpouchings caused by distension of the bulb versus a gastric diverticulum which would present a single outpouching. Since the definitive treatment of a symptomatic gastric diverticulum is surgical resection, this case illustrates the importance of maintaining a cautious approach in the diagnoses of this rare entity.

**Figure 1: CTA Abdomen -** Two small diverticula at the gastric antrum with surrounding thickening and mesenteric wall edema.



**Figure 2: UGI series –** Duodenal distension with prominent fold of duodenal bulb.



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Conflict of Interest: None