

Gastrointestinal and Liver Pathology at Rush

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Case of the Month Question – June 2009

Contributed by Drs. Dawn Bradly and Shriram Jakate

A 67 y/o Caucasian female with a history of hypertension, CHF, osteoarthritis, atrial fibrillation (on coumadin) presents to the clinic with persistent dull abdominal pain for the past few months despite a PPI trial. She states the abdominal pain has worsened over the past week. Vital signs: T – 96.9 °F, BP – 156/90, P – 90, RR – 18, and O₂ sat – 99%. H. pylori antibody titers are negative. An esophagogastroduodenoscopy (EGD) is performed (Fig. 1):

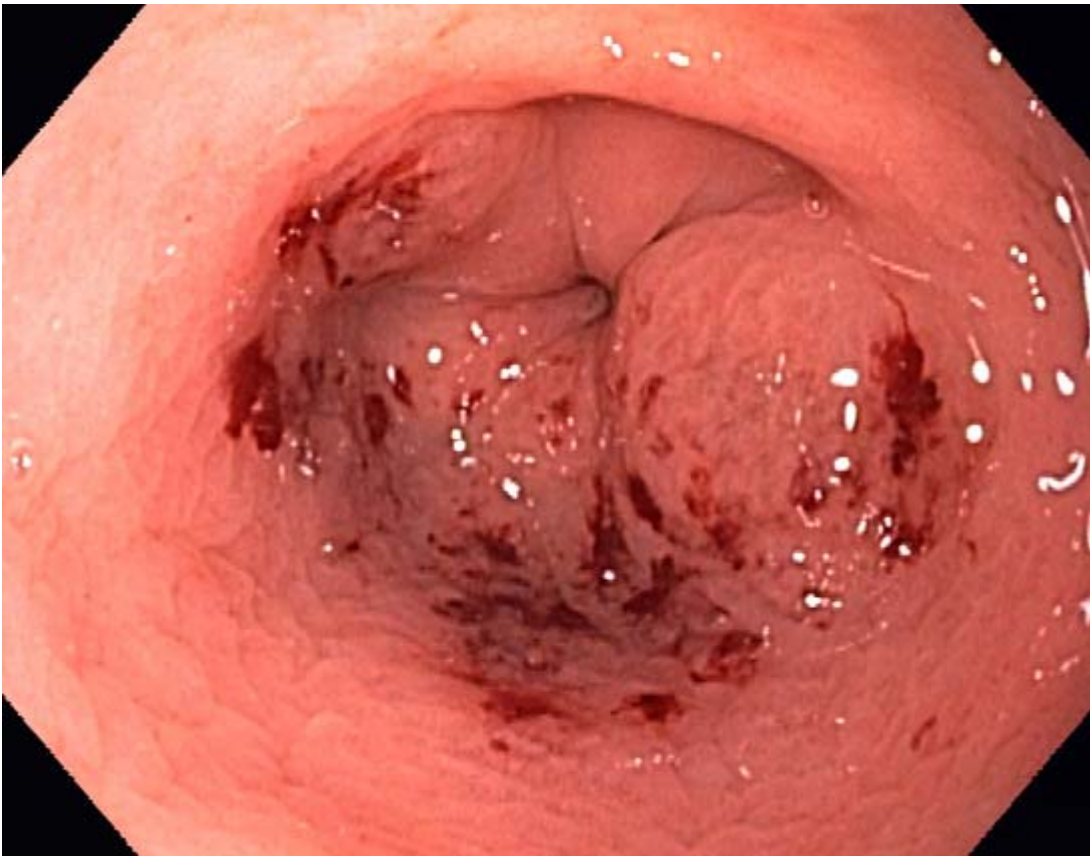


Fig. 1