Gastric outlet obstruction by polypoid tumors

Cite this article as: Cerwenka H. Gastric outlet obstruction by polypoid tumors. Turk J Gastroenterol 2018; 29: 243-4.

Dear Editor,

I have read the article titled, "A rare cause of gastric outlet obstruction," which was recently published in this journal (1) with great interest. I have previously seen a similar case; however, this report particularly interested me (2).

First, I would request the authors to provide more details regarding Figure 2. A part of the endoscope is visible in this picture. Is this a retroflexed view of the endoscope entering the stomach at the esophagogastric junction? Is there also an image of the gastric outlet obstructed by the polypoid tumor?

Second, "combined right and left bile duct variations" are mentioned in this article (below Figure 3); however, no further description is provided.

I would like to thank the authors for presenting this special case, and I would request them to provide the required details at the abovementioned instances.

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Author's Reply

Gastric outlet obstruction by a polypoid tumor: Author's reply

Dear Editor,

We would like to thank the authors for their valuable comments on our article titled "A Rare Cause of Gastric Outlet Obstruction", which was recently published in Turkish Journal of Gastroenterology (1).

In the aforementioned article, we presented the case of a patient with gastric outlet obstruction, which was an extraordinary clinical representation for gastric gastrointestinal stromal tumors (1). In this case, on performing esophagogastroduodenoscopy (EGD), a polypoid lesion with a thick and long stalk (originating from the fundus and prolapsing to the duodenum via the pylorus) causing gastric outlet obstruction was observed. In Figure 2, the thick stalk of the polypoid lesion (originating from the fundus and extending to the pylorus) was shown in the retroflexion position of EGD. As the head of the polypoid lesion could not be removed from the duodenum by endoscopic methods, this section could not be monitored endoscopically. The complete image of the polypoid lesion was obtained after its surgical resection (Figure 3). In light of the authors' criticism, we presented an EGD view of this case in Figure 1 for better understanding. The thick stalk (belonging to the polypoid) in the pylorus shown the flat position of the EGD.

The phrase "combined right and left bile duct variants" is cited from another article recently published in this journal

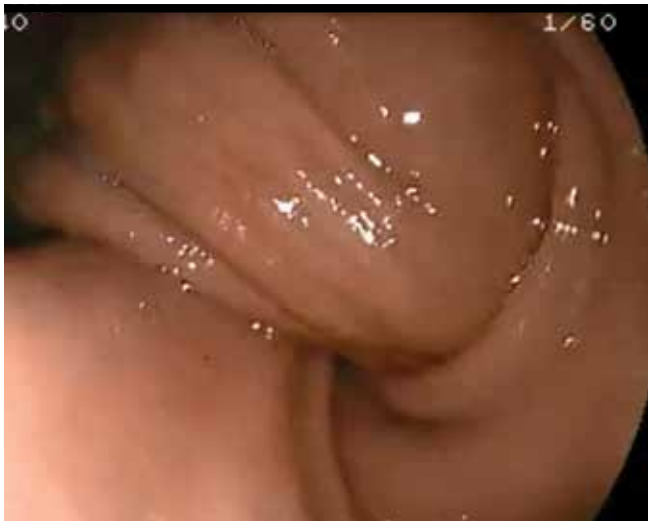

Figure 1. The thick stalk (belonging to the polypoid) in the pylorus shown the flat position of esophagogastroduodenoscopy

with the title "Extraordinary biliary variant", and we believe that this condition arises from a technical error (2).

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