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A CASE OF ACUTE GASTRIC ULCER OF THE ANTERIOR WALL

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Ulcers of the posterior wall and greater curvature of the stomach and duodenum in the region of the pylorus are most common, while those of the anterior wall all the way to the fundic region are distinctly uncommon—comprising, possibly, not more than 10 per cent. of the areas with which gastric juice comes in contact in the process of gastric digestion. Ulcers in the latter location are but rarely diagnosed medically, diagnosis usually taking place at operation for their perforation, a complication most likely to happen in these cases because of the unprotected anatomy of the anterior area of the stomach. The rapid peritonitis consequent to perforation of these ulcers, also makes the diagnosis of them important, and a case is offered in which this was possible and in which the medical treatment was successful.

Patient.—Miss E. McD., a stenographer, 18 years old, was first seen on Feb. 28, 1911. Her father died at the age of 45; cause unknown. The patient's mother was living and well. The patient had always been fond of sweets (mostly candy) and had indulged intemperately for several years, which at times had brought on an acute distress in the stomach with a day or so of anorexia; other than this the patient had had no illness except measles and scarlet fever in early childhood. In December, 1910, she began to have a constant distress in the stomach, in which the symptoms of excessive gas collection with eructations and pain an hour after meals in the left side of the abdomen were the prominent features. This pain, which was most acute, was relieved to a moderate degree by the taking of food, more so by bicarbonate of soda, and was entirely relieved when the patient lay flat on her back with her corsets off. She stated that by taking milk, eggs and other simple foods in small quantities at a time with the assistance of bicarbonate of soda, she was able to be about at her work. The solid foods she ate evenings and Sundays when she could lie down for three or four hours after taking them. According to her statement, she had lost only 4 pounds since the beginning of her illness.

Physical Examination.—The patient's facial expression was that of intense suffering while sitting and changed to one of complete relief when lying. The lungs were normal, and the heart also, excepting a hemic blow over the body which was transmitted to the vessels of the neck. The skin and mucous

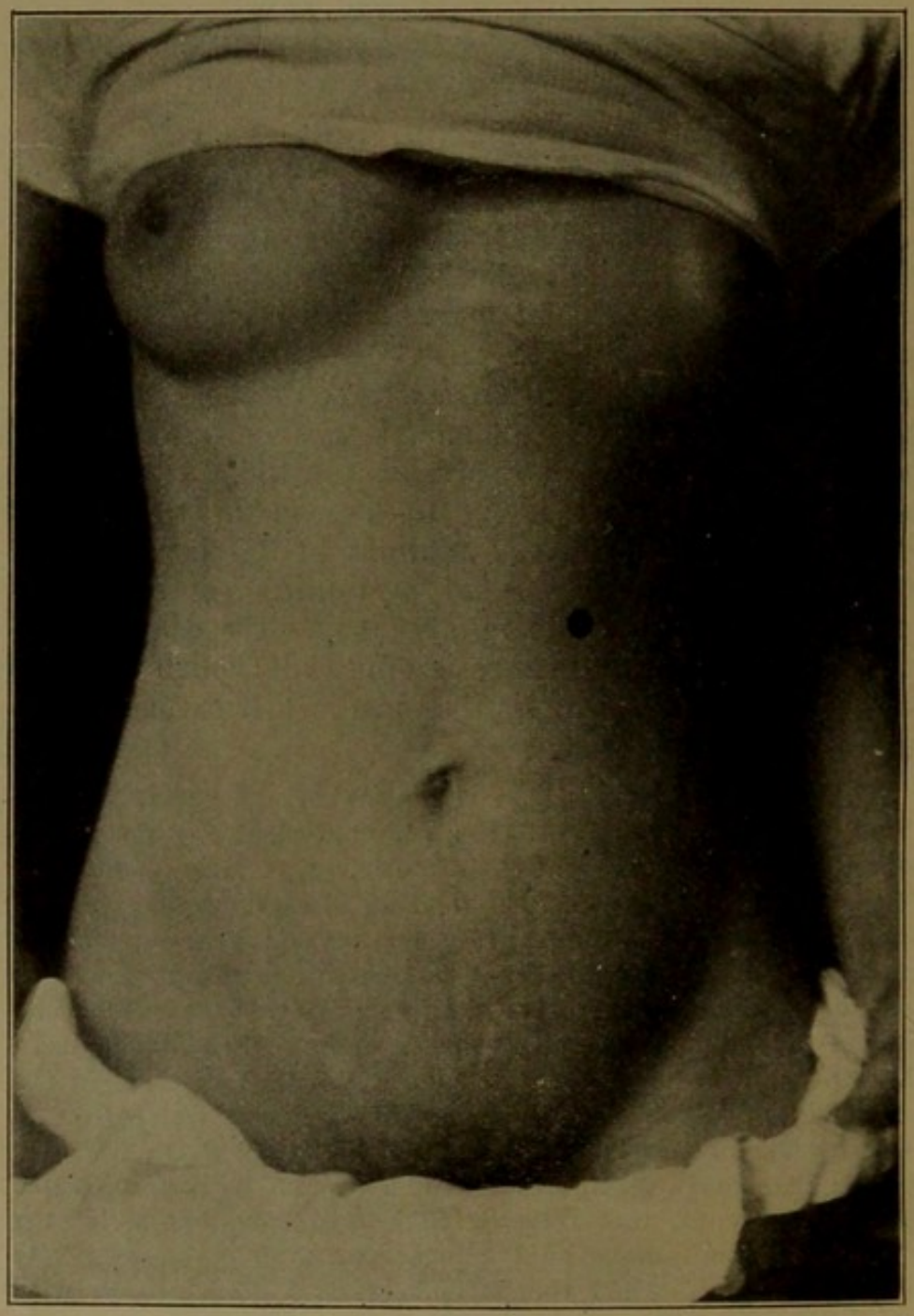

Fig. 1.—Showing the patient and the location of the subjective pain, the point of tenderness on pressure and the plastic exudate. There was no referred pain or tenderness in the back.

membranes were abnormally pale. There was but slight development in the soft body tissues; the long chest and abdomen presented the type of a girl. On palpation the abdomen was held contracted, especially on the left side, and notably the left rectus muscle. An area of exquisite tender-

ness to pressure was evident about 2 inches above the transverse umbilical line and just at the edge of the rectus. Careful palpation of this area with the knees raised toward the thorax disclosed a mass, thin and soft to the touch, at the exact site of the tenderness, which I am led to believe was a plastic exudate on the gastric peritoneum over the ulcer. The stomach was low and dilated, and gases could be heard passing

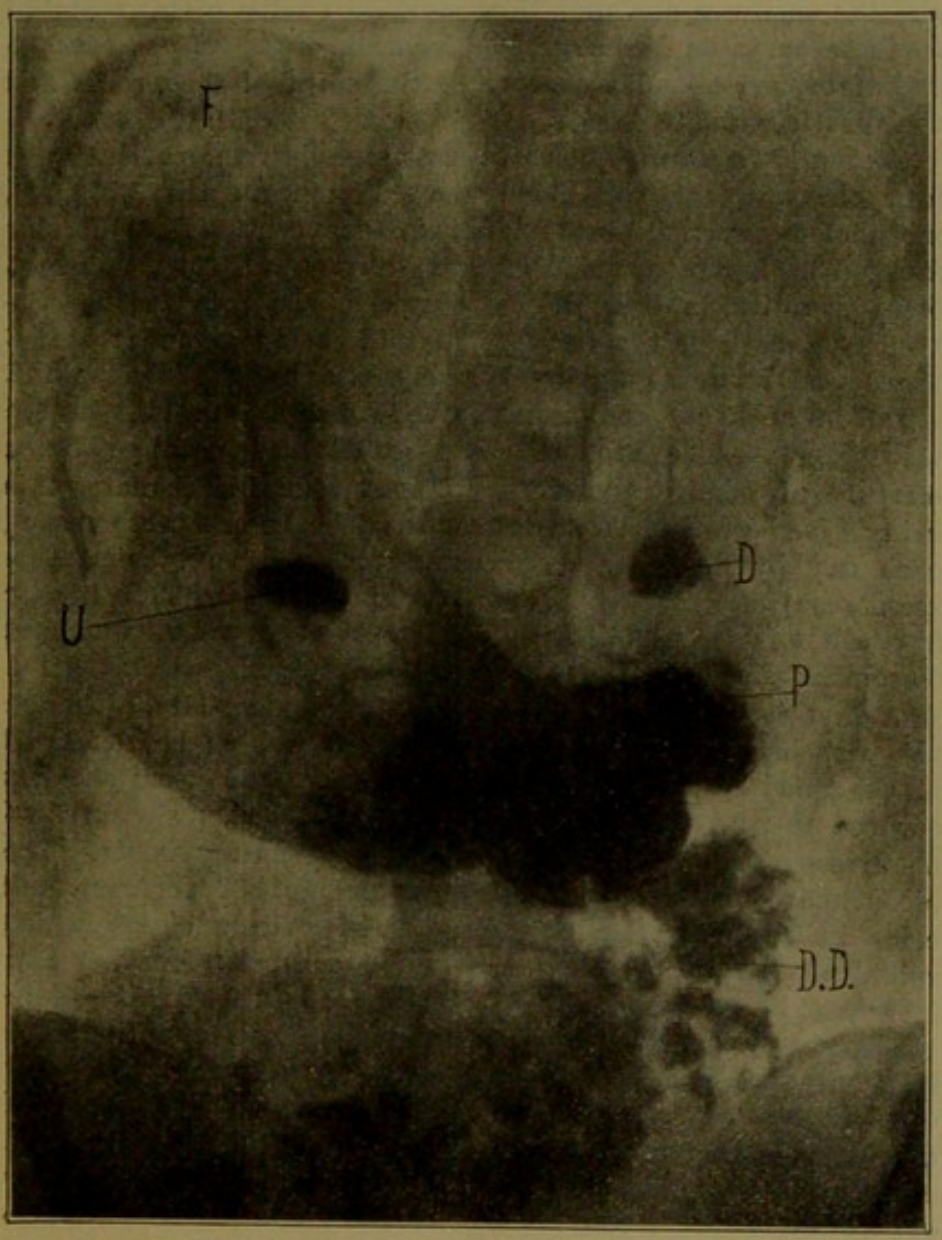

Fig. 2.—*X*-ray plate of the patient, showing the ulcer, the large and prolapsed stomach and the hypermotility. U, ulcer; D, first part of the duodenum; P, pylorus; DD, lower portion of the duodenum; and F, fundus with the stomach rugæ below it.

through the pylorus. The right kidney was palpable to within an inch of the upper pole under deep inspiration. The test-meal (simple) taken the next morning showed a return of 120 c.c., a free hydrochloric acid, 55; combined hydrochloric acid, 28, and a total acidity, 87. A small amount of macro-

scopic blood was present with one small clot. The feces voided the day before and two days afterward showed the presence of occult blood. Three *x*-ray plates were then taken. Each showed that the stomach had discharged the greater portion of the ounce of bismuth given into the small intestine (hypermotility), that the organ was large and low (dilatation and prolapse), and that the ulcer-bed was lined with bismuth. When the *x*-ray plates were held against the patient's body, and the ensiform and umbilical markers on the plates matched to these parts on her body, the location of the ulcer noted on the plate corresponded exactly to the point of tenderness and the plastic exudate.

Course of Disease.—The next morning when the patient went into the hospital, the blood showed erythrocytes 3,700,000, morphology normal, hemoglobin 67 per cent. (Dare), color index 0.6, leukocytes 8,290, and differential count normal. Kept steadily in bed for three weeks, she was fed by the Lenhartz method, the feedings of milk being given at stated times and amounts during the day and night. The administration of finely comminuted foods was begun late in the third week. The stomach was maintained alkaline by a mixture of alkaline powders, without soda bicarbonate, this being given at three-hour intervals. The bowels were moved each day by a castile soap enema (not saline, because this increases the hydrochloric acidity in the stomach). Liquor ferri albuminatis in 2 dram quantities in water t. i. d. was used to combat the anemia, and an ice-bag was employed during the first days to decrease the tenderness at the ulcer site, although this was hardly necessary as the patient was on her back all of the time. She made a perfect recovery, and when she left her bed there was no spasm of the left rectus, no tenderness on pressure over the ulcer site, and no plastic exudate. The blood had come up to 4,100,000 erythrocytes, 87 per cent. and color index 0.85. She was then fitted with a corset which raised the pyloric region over four inches; her feeding was increased to the taking of more solid foods, the alkaline powder kept up, the iron tonic diminished to half quantity each day, and Carlsbad salts used to move the bowels. She went into the hospital weighing 98 pounds, and now at the end of two months thereafter weighs 127 pounds, and is without a symptom of digestive distress. The *x*-ray plates of to-day do not show the ulcer; the stomach is smaller in capacity, hypermotility is no longer a feature, the test-meals are normal, and the feces free from blood.

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