Habitual epigastric protrusion / Anthony Bassler.

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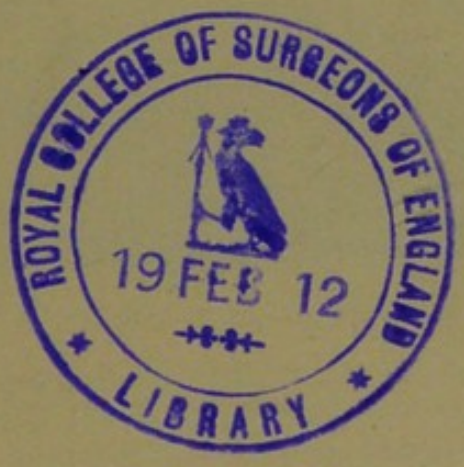
HABITUAL EPIGASTRIC PROTRUSION



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The following case is of interest for the reason that a careful search of the literature in the library of the New York Academy of Medicine did not depict one like it, and I have not heard one described. The condition may be designated as an abdominal wall-diaphragm habit, which had developed into a form of motor neurosis.

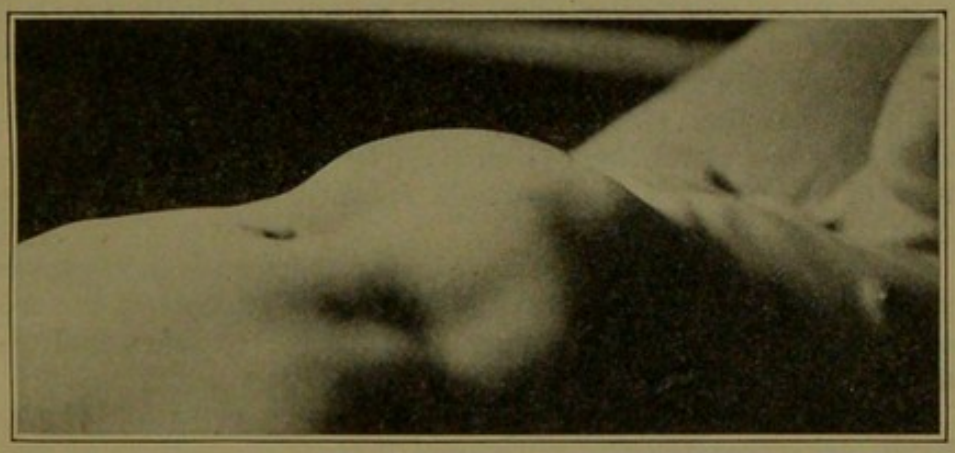

Fig. 1.—Marked epigastric protrusion.

Patient.—(Case referred by Dr. Neil O. Fitch, Astoria, Long Island) G. M., aged 17, seen July 27, 1911; is a high school pupil during the day and apprentice in a drug store evenings. Father died of apoplexy, mother well, two brothers and three sisters all well. Patient had measles as a child, several attacks of simple catarrhal colds, history otherwise negative; habits good, excepting that the patient ate rather heavily.

Present History.—Beginning in his childhood, he contracted his abdomen from time to time as a boyish prank. At first, the bulging of the epigastrium was rather difficult to bring about, taking much longer than at present and not always being accomplished when the patient wanted it to be. Of late years, he could do this much more easily, exhibited it to his friends, until he became considerably talked about, and

now at times the condition came on involuntarily (even when he made an effort to control it) so that each day he would have a number of seizures. Two years ago he began suffering with headaches, constipation, and much belching of gas following the meals, coming on at once or up to fifteen minutes afterward. During this time he has had more or less after-meal distress in the stomach, particularly when he partook heavily of sweets. He has increased appetite for foods; sleeps well; has gained considerably in weight during the last year.

Examination.—Well-nourished boy of good muscular development. Heart, lungs, urine, blood, etc., normal. Marked splash in stomach, organ somewhat relaxed but not enlarged or ptosed. Left lobe of liver freely palpable and margin low, although right lobe could not be felt and upper border was in normal position. In repose, there was a slight transverse fulness in the upper abdomen which seemed to be due to the prominence of the left lobe of the liver and a general tissue condition. During the examination, a contraction came on. It began with a slight inspiration and a fixing of the diaphragm in that position, followed by a contraction of the abdominal muscles below the transverse navel line without any noticeable bulging of the epigastrium. The patient then seemed to fix the lower abdominal muscles, slightly exhaled, and then took a deep inspiration, at which the descended diaphragm working against the contracted abdomen below and an accompanying relaxation of the abdominal muscles above the transverse navel line caused the liver (left lobe) and a portion of the stomach to protrude forward and make up the pouch.

The prominence of the liver when the abdomen was in repose was due to a twisting forward of the organ, which had become considerably set in that deformity from the constant malformations of the organ during the seizures.

Treatment.—The treatment advised was a cessation of the habit, an anticonstipation diet, and 5 drops of tincture of nux vomica, three times a day, to correct the slight degree of gastric atony.

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