

**Total Gastrectomy Performed in Emergency Conditions for Gastric Necrosis Due to Acute Gastric Dilatation**

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**Abstract**

Acute massive gastric dilatation is a rare event, with a pathogenesis still debated. Acute massive gastric dilatation invariably leads to necrosis and perforation. We present the case of a 50 year-old woman, admitted in emergency conditions with circulatory collapse and abdominal distension with the onset 12 hours prior to presentation. An emergency laparotomy was performed revealing a stomach occupying the entire abdominal cavity with necrosis and anterior pyloric perforation. The operation consisted in total gastrectomy with stapled Roux-en-Y anastomosis. The postoperative evolution was simple, without complications. Acute massive gastric dilatation is a severe, lethal condition with multiple etiologic factors like anorexia nervosa, trauma, diabetes, postoperative period in abdominal surgery, electrolyte disturbances. In most cases emergency surgical treatment is necessary, dictated by gastric necrosis or perforation. Conservative treatment may represent an option if it is early instituted.

**Key words:** acute gastric dilatation, gastric necrosis, total gastrectomy, stapled anastomosis

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