Extraluminal Compression in the Stomach: Which Cases Is Clinical Significant?

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Background/Aims: Extraluminal compression in the stomach is often observed during endoscopy, but it is very difficult to differentiate the compression by the pathologic lesions from the compression by normal structures during endoscopy. Endoscopic ultrasound (EUS) is known to be the best method for evaluating an extraluminal compression in the stomach. The aim of this study is to evaluate when the extraluminal compression would be due to pathologic lesions.

Methods: From January 2006 to December 2010, 169 patients who underwent EUS due to extraluminal compression were enrolled.

Result: In 113 cases (66.9%), the causes of extraluminal compression were due to normal structures: vessels, spleen, intestine, gall-bladder, liver, mesentery, pancreas and kidney. In 56 cases, the extraluminal compression due to pathologic lesions: hepatic cyst, distended gallbladder with sludge, splenic cyst, hepatic hemangioma, pancreatic cyst, renal cyst, calcified lymph node and hepatocellular carcinoma. When the extraluminal compression was observed at old age (>50), male, at the lower body to antrum and at the anterial wall, and its size was above 3 cm, the causes tended to be pathologic lesions (p<0.05). On multivariate analysis, only the anterior wall location was associated with pathologic extraluminal compression.

Conclusions: When the extraluminal compression is found at the anterior wall of the stomach during endoscopy, further evaluation including EUS will be needed.

Key Words: Endoscopic Intrasography; Extraluminal compression; Stomach