Proteinuria in a young man

Learning points

Nail–patella syndrome is a rare autosomal dominant disorder with characteristic skeletal and renal abnormalities, most commonly dysplastic nails, hypoplastic/absent patellae, and asymptomatic urinary abnormalities

Box 3

Final diagnosis

Nail–patella syndrome or hereditary onycho-osteodysplasia.

Keywords: nail–patella syndrome


An unusual late complication of gastric surgery

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A 52-year-old man presented with a history of colicky epigastric pain, intermittent upper abdominal distention and diarrhoea worsening over a period of six months. Over 20 years previously a vagotomy and pyloroplasty had been performed for a chronic duodenal ulcer after which he complained of similar symptoms to the above. These were attributed to dumping syndrome, and settled with simple dietary advice at that time.

Initial investigation involved full blood count, urea and electrolytes (which were normal) and a barium meal examination (figure 1).

Question

What is the most probable diagnosis?

Figure 1
**Answer**

A bezoar. The barium meal examination was reported as demonstrating significant gastric stasis with considerable food residue and outflow obstruction. This was followed by gastroscopy which revealed a large solid mass conforming to the contours of the stomach which was removed by gastrotomy (figure 2)

**Discussion**

Bezoar formation is an oft-forgotten condition causing symptoms of upper gastrointestinal disturbance in patients who have undergone gastric surgery. Epigastric pain, weight loss, nausea and bloating are the commonest presenting features, strikingly similar to those associated with dumping syndrome. The rapid liquid emptying and slowed solid transport seen after vagotomy and pyloroplasty contribute significantly to the pathophysiology of both conditions. Other factors such as diet (especially persimmons and oranges), impaired gastric motility, decreased luminal acidity and poor chewing are also associated with bezoar formation. Endoscopy is the investigation of choice, since upper gastrointestinal barium studies often fail to demonstrate bezoars.

Treatment options include endoscopic fragmentation intragastric enzymic dissolution, and gastrotomy.

**Final diagnosis**

Gastric bezoar

**Keywords:** gastrectomy complication, bezoar

**Summary/learning points**

- previous gastric surgery predisposes to gastric bezoar formation
- epigastric pain, weight loss and bloating sensations are the common presenting symptoms
- endoscopy is the investigation of choice

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doi: 10.1136/pgmj.73.860.363

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