Diagnostic Images

A large gastric ulcer

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The patient

A male aged 35 complained of vague indigestion, weight loss and anorexia.

Investigation

Barium meal

Figure 1 Double contrast barium meal film of the stomach, duodenum and proximal small bowel. There are thick radiating folds converging on an ulcerated area with adjacent large nodular defects. The irregular lesser curve has protruding nodules and a straight margin distally with effacement of the mucosal pattern.

Figure 2 An enlarged view shows the features indicating malignant ulceration more clearly. There is a suggestion of nodules at the proximal jejunum as well (arrow).

Comment

A benign ulcer, characteristically, has thin radiating lines, a central retained area of barium or a ring of barium outlining the crater, indrawing of the opposite wall by spasm and in silhouette protrudes beyond the margin of the stomach.

A malignant ulcer lies within the margin of the stomach producing a meniscus sign when filled with barium, the radiating folds are thick, club-shaped adjacent to the ulcer or merging as V-shaped ends. Associated thickened folds and indrawing of both lesser and greater curves may be present to form an X-type contraction deformity.

The size of the ulcer and the rate of healing are not absolute indications to distinguish benign from malignant. Furthermore there are other conditions such as tuberculosis, Crohn's disease, lymphoma and carcinoid that may also present as gastric ulceration.

In this case there are thick radiating folds, large nodular filling defects both around the ulcer and on the adjacent lesser and greater curves. There is a straight lesser curve margin at the distal antrum. The appearances are those of a malignant ulcer which on histology proved to be a lymphoma.

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References

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