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CASE REPORT: A RARE CASE OF GASTROPTOSIS IN A YOUNG CHILD – A CASE PRESENTATION

Radio-Diagnosis

Dr. Vipin Dagar Department Of Radiodiagnosis, Burjeel Medical City

Dr. Ranjita Das Department Of Radiodiagnosis, LLH Hospital Abu Dhabi

ABSTRACT

Gastroptosis refers to the downward displacement of the stomach (1), with the greater curvature moving below the level of the iliac crests. This condition has often been underdiagnosed, and requires a high index of suspicion for detection. Although the condition is rare in children, its precise prevalence remains difficult to determine due to limited literature. First described by French physician Frantz Glenard(2). Gastroptosis may also be part of a broader spectrum known as visceroptosis. In this report, we present a rare case of gastroptosis in a young child, which is notably uncommon in those under the age of 10 years.

KEYWORDS

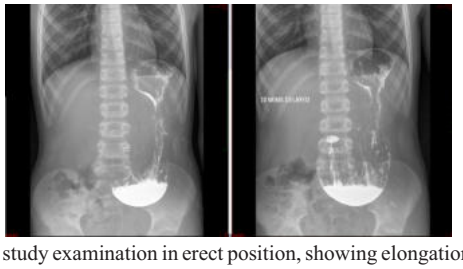
CASE PRESENTATION

A 7-year-old male child presented with recurrent episodes of nausea and vomiting after meals for the past two years, occurring 1-2 times per day, and not associated with abdominal pain. The vomiting was non-projectile and mostly in small amounts. Additionally, the child complained of mild constipation. A history of food allergies and skin rashes was noted.

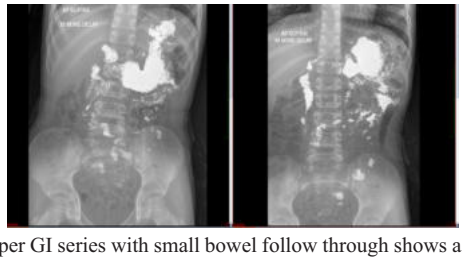
On clinical examination, the child had hyperemia of the cheeks and mild tenderness around the periumbilical area. Vital signs were stable, with a Body Mass Index (BMI) of 13.89 kg/m², oxygen saturation of 100%, temperature of 36.3°C, pulse of 80 beats per minute, height of 133.5 cm, and weight of 24.75 kg. Helicobacter pylori breath test was negative for urease activity, and all allergen tests returned negative results.

Imaging:

A barium meal study was conducted in both supine and erect positions. The barium meal revealed an elongated stomach with the lesser curvature positioned below the horizontal line joining the iliac spines when the child was in the erect position. The upper GI series with small bowel follow-through showed a normal stomach in the supine position.



Barium study examination in erect position, showing elongation of the stomach down to the level of the iliac crests.



The upper GI series with small bowel follow through shows a normal stomach in supine position.

DISCUSSION

Gastroptosis is a condition where the stomach is displaced downward (1). Two primary theories exist regarding its cause. Glenard's theory suggests that it arises from nutritional deficiencies causing atrophy and prolapse of bowel loops(2). Stiller's theory posits that gastroptosis results from congenital laxity, asthenia, and degeneration of tissues.(3)

Although not life-threatening, gastroptosis is associated with non-specific symptoms such as nausea, vomiting, dyspepsia, constipation, and bloating. The downward displacement of the stomach may delay digestion and contribute to GI tract distension, leading to symptoms like early satiety and nausea. Additionally, incorrect posture may exacerbate these symptoms.(4). However, Gastroptosis may not necessarily be symptomatic as it may not interfere with physiologic function and there needs to be altered physiologic function which gives rise to symptoms (5).

In symptomatic cases, the stomach is typically elongated, with the greater curvature positioned below the inter-iliac line, often accompanied by atony. The pylorus usually occupies a low position, but the gastric cardia remains unchanged. The condition can be diagnosed through imaging studies, especially in the upright position.(5)

Historically, the treatment of gastroptosis was surgical(6) however, current treatment focuses on symptomatic relief. This may include the use of prokinetics, abdominal strengthening exercises, and abdominal bandages.(2)

Follow-up Of The Patient

The patient was treated conservatively with diet modifications and prokinetics. He is currently on follow-up and continues to show improvement.

CONCLUSION

Gastroptosis is a rarely diagnosed condition, and it is even more uncommon in children. Most cases are reported in middle-aged adults, with limited data available on pediatric cases. Children with gastroptosis may experience symptoms such as early satiety, bloating, epigastric pain, weight loss, and nausea due to decreased gastric motility and accommodation(7). Diagnosing gastroptosis should be considered when evaluating unexplained dyspeptic symptoms in pediatric patients.(1)

REFERENCES

1. Dorlands Illustrated Medical Dictionary. WB Saunders Co, London; 1988:82.
2. Glenard's Disease: Sarangapani A, Rasane S, Kohli VD, Chandy GM. Arch Med Health Sci 2016;4:153-4.
3. Surgical Treatment of Gastrocoloptosis by John Douglas. Annals of Surgery 61(5):p 545-556, May 1915.
4. Gastroparesis Associated with Gastroptosis Presenting as a Lower Abdominal Bulking Mass in a Child: A Case Report. Efstratios Christianakis et al.
5. When Has Visceroptosis Clinical Significance? D. S. Beilin.
6. Nakayama K, Nakamura T, Tucker HE. Segmental Resection for Gastroptosis. J Am Osteopath Assoc 1959;58:412-4.
7. The Clinical or Radiographic Diagnosis of Gastroptosis: Still Relevant? Anke J. M. van Welie, MD; Willemijn M. Klein, MD, PhD; Jos M. Th. Draaisma, MD, PhD.