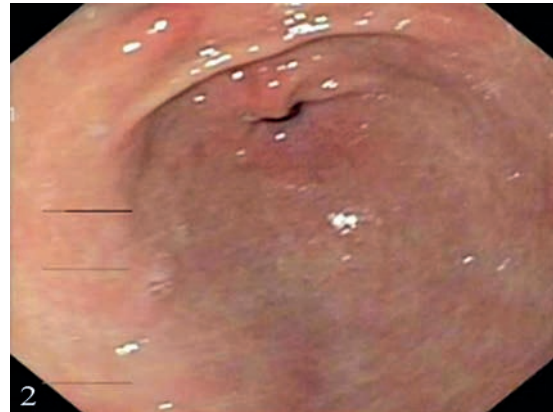
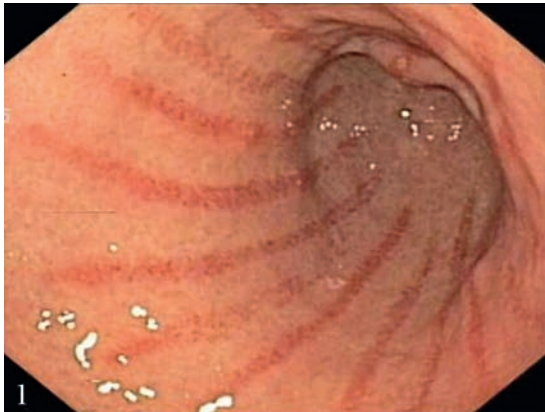


Gastric Cat Scratch - an Upper Endoscopy Finding?

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A 47-year-old male, without remarkable past history, underwent upper endoscopy for dyspepsia. The examination revealed bright red linear lesions along the longitudinal axis of the whole antrum, lacking active bleeding (Fig. 1). The histology of the performed biopsies was normal. One year later, a further upper endoscopy was performed revealing normal aspects, the aforementioned features having disappeared (Fig. 2).

Cat scratch lesions, although a rare finding, have mainly been described in the colon, with a reported prevalence of 0.25% [1]. Notwithstanding, these rare findings have also been reported in the esophagus [2]. The endoscopic appearances of such lesions are similar, regardless of the location in the digestive tract, with linear breaks in the mucosa, red coloration and variable dimension. Performing biopsies does not contribute to the accuracy of the diagnosis: in all cases where biopsies were taken, the histological findings were irrelevant. Although the definite etiology is unknown, barotrauma due to air insufflations has been a frequent cause [1, 3].

Cat scratch lesions have not been reported in the stomach. Our patient did not have a history of a previous upper endoscopy and the examination that led to such findings was promptly performed, which renders unlikely a causal relationship with barotrauma. Baudet and Aguirre-Jaime have identified two factors that lead to the development of cat scratches during a colonoscopy: diversion colitis and collagenous colitis [4]. The etiology of this gastric cat scratch remains, therefore, unknown, although the vanishing of these lesions in the following

examinations suggests a probable benign nature. Some authors consider that the aspect of cat scratch during an examination may be a hint to resume the examination, given the increased risk of perforation.

In the present case we assume that the competent pylorus and the lower esophageal sphincter have worked as a barrier, retaining the air in the stomach, which in conjunction with the endoscopic insufflations, may have contributed to a barotrauma.

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Conflicts of interest: None to declare.

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