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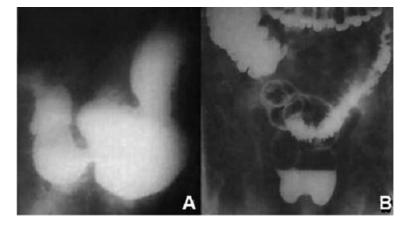


Figure 1. Upper and Lower Radiographic Study with Barium Contrast Showing Gastric Hypotonia, Delayed Emptying, Dilatation, and Morphologic Change (A); Moderate Cecal and Rectosigmoid Dilations, and Diverticulosis (B).

57-year-old Brazilian man from a poor rural area came to our outpatient service with a longstanding history of weakness, anorexia, loss of weight, epigastric pain, and intestinal obstipation. Episodes of postprandial pain were sometimes intense and alleviated by taking the prone position or following either belching or vomiting. Usual self-medication included analgesics and diverse homemade herbal teas. He was a farmworker, smoker (10 pack-years) and alcohol drinker, living in an adobe house and very far from access to an adequate health service. His physical examination revealed emaciation with body mass index: 16.5 kg/m², pale mucosa, and borborygmi in the epigastric region. The

rest of examination was unremarkable. Except for mild anemia, routine laboratory tests were within the normal range. Plain chest radiography and electrocardiogram were within normal parameters. Upper and lower gastrointestinal radiographic study with barium contrast showed gastric hypotonia, delayed emptying, dilatation, and morphologic change (Figure 1A) in addition to moderate cecal and rectosigmoid dilations, and diverticulosis (Figure 1B). Taken as a whole, the described data were useful to characterize the final clinical diagnosis. Complementary laboratory determinations confirmed the etiology of this condition.

What is your diagnosis? See the next page for your diagnosis.

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Photoclinic Diagnosis

Authors' Contribution

VMS and LAMS participated on the conception and design, collection and interpretation of data, literature search, and writing and review of the manuscript. JWPL involved in radiology interpretation and rewing the manuscript.

Conflict of Interest Disclosures

The authors had full freedom of manuscript preparation and there were no potential conflicts of interest.

Ethical Statement

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