A 37-year-old lady presented with a 5-month history of upper abdominal pain, belching with odour which was occasionally feculent. She also noticed intermittent postprandial epigastric fullness associated with excessive burping. The patient denied diarrhoea or weight loss. Examination revealed no abnormality. Laboratory tests, including full blood count and biochemistry, were normal.Liver function tests were normal. Ultrasound of the abdomen did not show any pathology.初始的内容如下：

**Editor’s quiz: GI snapshot**

Troublesome belching with fetor odour

**CLINICAL PRESENTATION**

A 37-year-old lady presented with a 5-month history of upper abdominal pain, belching with odour which was occasionally feculent. She also noticed intermittent postprandial epigastric fullness associated with excessive burping. The patient denied any heart burn, weight loss or fever. On examination, she was minimally tender in the epigastric region. Routine bloods were normal. Ultrasound of the abdomen did not show any pathology. Upper gastrointestinal endoscopy revealed an unusual appearance of a tight orifice leading to a small pocket in gastric fundus (figure 1) containing the food debris. A computerised tomography scan was performed and a selected image is shown below confirming the endoscopic findings (figure 2).

**QUESTION**

What is the lesion shown and what is the appropriate management?

See page 324 for answer.
Troublesome belching with fetor odour: F Rashid, R Singh, A Cole and S Y Iftikhar

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