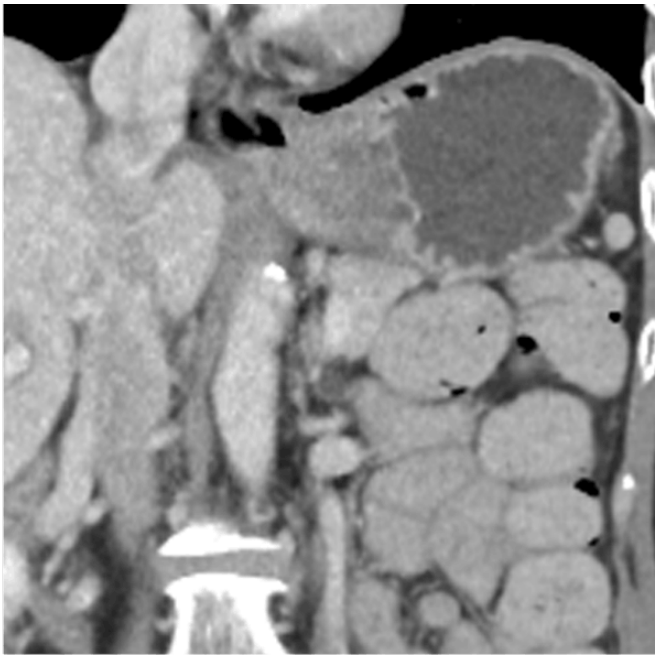
Rad to Rad Learning: Failed Fundoplication

The Radiology Partners (RP) Body Imaging National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

Peer Learning Opportunity

Your next case is this abdominal CT without history or priors. What is the diagnosis? Misdiagnosis may lead to ulceration, necrosis, perforation, and/or bleeding.

Patient has a recent history of fundoplication with gastric wrap around.

Practical Insights

- Fundoplication has a 5 year follow-up failure rate of 4-14&, with 2.8% requiring additional surgery.
- GERD, pain, and difficulty swallowing are common presenting symptoms.
- Hx of surgery is key to differentiate from GIST, adenocarcinoma, esophageal varices, gastric wall hematoma or hemorrhage.
- If there is obstruction, follow up surgery is likely required.

Takeaway: History is crucial for narrowing the differential.

*Shared to improve patient safety and healthcare delivery in the provision of radiology services. The circumstances and facts are changed, altered, or deidentified to preserve confidentiality. Privileges have not been waived.*The Body Imaging National Subspecialty Division (NSD) is part of RP's Clinical Value Team, which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice. Check back here and on X, LinkedIn and Instagram to see these common cases and our findings.

Visit the Clinical Resources page for more cases and to see what we've developed to enhance best practice recommendations, elevate image quality and patient care and update current standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.



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