A 70-year-old man was brought from a nursing home to the emergency department with abdominal distention and vomiting of recent onset and a 2-day history of fever and abdominal pain. The patient had chronic obstructive pulmonary disease, type 2 diabetes mellitus, and hypertension. His gastric feeding tube, which had been placed via percutaneous endoscopic gastrostomy, was blocked.

Drs Sonia Arunabh and Kanwar Rauhila of New Hyde Park, NY, report that the patient was diaphoretic, dehydrated, and hypotensive. Blood pressure was 90/50 mm Hg; pulse rate, 126 beats per minute; and respiration rate, 32 breaths per minute. White blood cell count was 25,000/µL, with 8% neutrophils; serum potassium level was 2.9 mEq/L. Heart and lungs were normal. Bowel sounds were sluggish, and the supraumbilical region was distended. An abdominal radiograph revealed dilatation of the stomach. The patient's urine was cloudy; culture of a specimen and blood cultures grew *Escherichia coli*.

Acute dilatation of the stomach, which was diagnosed in this patient, occurs less frequently than chronic dilatation. Acute gaseous distention of the organ can arise as a reflex response in abdominal trauma; other causes include gastric outlet obstruction, pyloric stenosis, and volvulus in children with neurologic impairment. Occasionally, the distention is associated with an acute metabolic disturbance, such as diabetic ketoacidosis and sepsis. Acidosis, hypokalemia, and other metabolic derangements also can exacerbate acute dilatation of the stomach.

Treat the underlying cause of the dilatation, and place a nasogastric tube to decompress the stomach and minimize the risk of vomiting and aspiration of gastric contents. This patient was resuscitated with intravenous fluids and given broad-spectrum antibiotics for *E coli* septicemia. Potassium was administered to treat the hypokalemia. The gastrostomy tube was replaced after decompression with a nasogastric tube. Twelve hours after treatment was initiated, the stomach dilatation ameliorated as the sepsis abated.