A 45-year-old male was evaluated for symptoms of epigastric pain and vomiting. He had consumed alcohol 24 hours prior to admission. Upper gastrointestinal endoscopy showed an erythematous antral mucosa. Following an alcohol binge, he presented again 15 days later with an upper gastrointestinal bleed that required blood transfusion. An endoscopy after resuscitation showed severe esophagitis and greenish-black sloughed deep ulceration in the distal body and antrum, completely encircling the lumen (Fig. 1 and 2). In addition, there were similar linear ulcers in the fundus of the stomach (Fig. 3). The duodenum was normal. The possibility of corrosive injury to the stomach was considered. However, the patient denied any history of ingestion of a corrosive substance and was managed supportively with sucralfate. The patient presented 4 weeks later with persistent vomiting. A repeat endoscopy showed an antral stricture (Fig. 4). At the time of writing, the patient was awaiting surgery.

The possibility that the patient had consumed acid in an inebriant state cannot be totally dismissed. An awareness of corrosive injury on a background of alcohol consumption needs to be considered in patients presenting with massive gastrointestinal bleeding with classical endoscopic findings.

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References

Bibliography
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