

Hematemesis Caused by Forgotten Corrective Device

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A 77-year-old woman presented to the emergency department with acute abdominal pain, coffee-ground emesis, and melena. Her medical history included type 2 diabetes mellitus, a hiatal hernia that was repaired more than 20 years prior, and pulmonary embolism. Her current medication included anticoagulation therapy to prevent pulmonary embolisms. Her vital signs were normal, but she appeared pale. A complete blood cell count showed a hemoglobin level of 7.8 g/dL. Esophagogastroduodenoscopy revealed old blood clots in the patient's stomach and foreign material in the gastric fundus with an ischemic ulcer (**image A**). A computed tomographic scan of her abdomen revealed an abnormally positioned Angelchik prosthesis, from her previous hiatal hernia repair, eroding into her gastric fundus without pneumoperitoneum (**image B**, arrow). Anticoagulation therapy was discontinued, and an inferior vena cava filter was placed. The patient remained stable and was discharged 4 days after admission with

recommendation for outpatient evaluation and prosthesis removal.

The Angelchik prosthesis is a C-shaped silicon ring developed in 1979 to fit across the gastroesophageal junction to manage gastroesophageal reflux disease and hiatal hernia.¹ Its use has been discontinued because of high rates of dysphagia, prosthesis migration and erosion, and development of esophageal adenocarcinoma from persistent acid reflux.^{2,3} (doi:10.7556/jaoa.2017.097)

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