

## An unusual cause of refractory peptic ulcer disease

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**Introduction:** Chronic mesenteric ischemia (CMI) is a rare cause of peptic ulcer given the rich vascularization of the gastroduodenal mucosa. Patient may present with typical ulcer pain, or symptoms suggestive of mesenteric angina with pain following meals. We present CMI as an unusual cause of abdominal pain and refractory peptic ulcer in a patient without known risk factors for peptic ulcer disease (PUD).

**Case Description:** A 61-year-old man presented with increasing epigastric pain after meals and 8 pounds weight loss over 5 weeks. Recently, the patient was admitted for similar symptoms and underwent esophagoduodenoscopy (EGD) which revealed many non-bleeding superficial gastric ulcers. Pathology reports showed erosive gastritis. He was discharged with oral pantoprazole 40 mg twice a day without improvement. Patient had no known risk of peptic ulcers. Physical examination was remarkable for low body mass index of 15.8 kg/m<sup>2</sup> and epigastric bruit. This led to a concern of vascular etiologies. Repeated EGD was performed which showed unhealed gastric ulcers. Subsequently, abdominal computed tomography angiography was pursued that revealed severe stenosis in the celiac, superior mesenteric, and inferior mesenteric arteries. The patient underwent successful angioplasty with stents. At 2 months follow-up, the patient reported marked improvement in his symptoms.

**Discussion:** CMI should be suspected when no other cause of abdominal pain is found and when the usual treatment with proton pump inhibitors does not result in healing. Importantly, this case also highlights the importance of thorough examination which led to the definite diagnosis in this patient.

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