

PREOPERATIVE DIAGNOSIS:, Melena.,POSTOPERATIVE
DIAGNOSIS:, Solitary erosion over a fold at the GE junction,
gastric side.,PREMEDICATIONS: , Versed 5 mg
IV.,REPORTED PROCEDURE:, The Olympus gastroscope
was used. The scope was placed in the upper esophagus
under direct visit. The esophageal mucosa was entirely
normal. There was no evidence of erosions or ulceration.
There was no evidence of varices. The body and antrum of
the stomach were normal. They pylorus duodenum bulb and
descending duodenum are normal. There was no blood
present within the stomach.,The scope was then brought back
into the stomach and retroflexed in order to inspect the upper
portion of the body of the stomach. When this was done, a
prominent fold was seen lying along side the GE junction
along with gastric side and there was a solitary erosion over
this fold. The lesion was not bleeding. If this fold were in any
other location of the stomach, I would consider the fold, but at
this location, one would have to consider that this would be an
isolated gastric varix. As such, the erosion may be more
significant. There was no bleeding. Obviously, no
manipulation of the lesion was undertaken. The scope was
then straightened, withdrawn, and the procedure
terminated.,ENDOSCOPIC IMPRESSION:,1. Solitary erosion
overlying a prominent fold at the gastroesophageal junction,
gastric side – may simply be an erosion or may be an erosion
over a varix.,2. Otherwise unremarkable endoscopy - no
evidence of a bleeding lesion of the stomach.,PLAN:,1. Liver
profile today.,2. Being Nexium 40 mg a day.,3. Scheduled

colonoscopy for next week.