

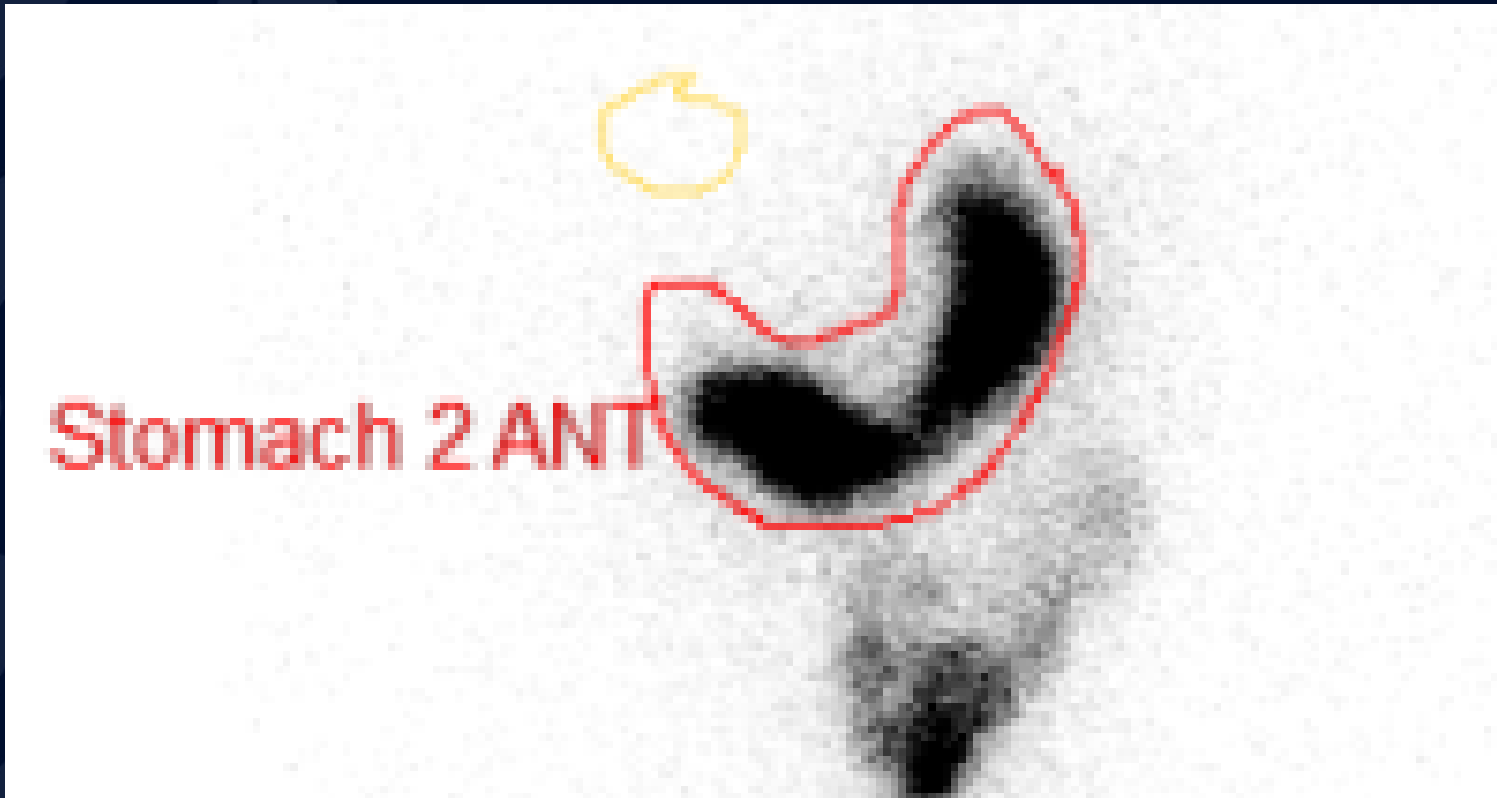
# 45 y/o male with history of fullness and diabetes

Atul Kumar, MD, MS

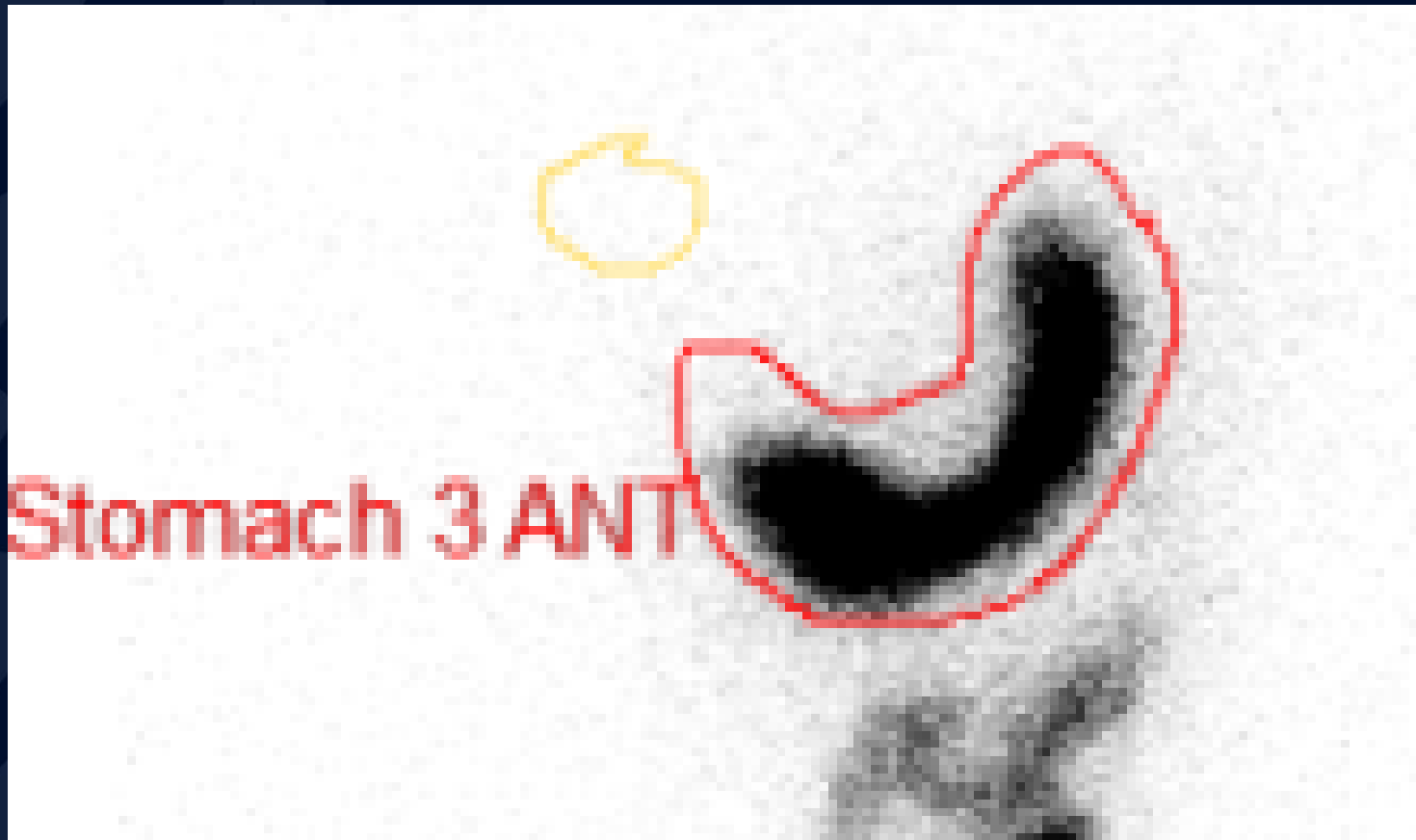
# Planar image of stomach at 10 min



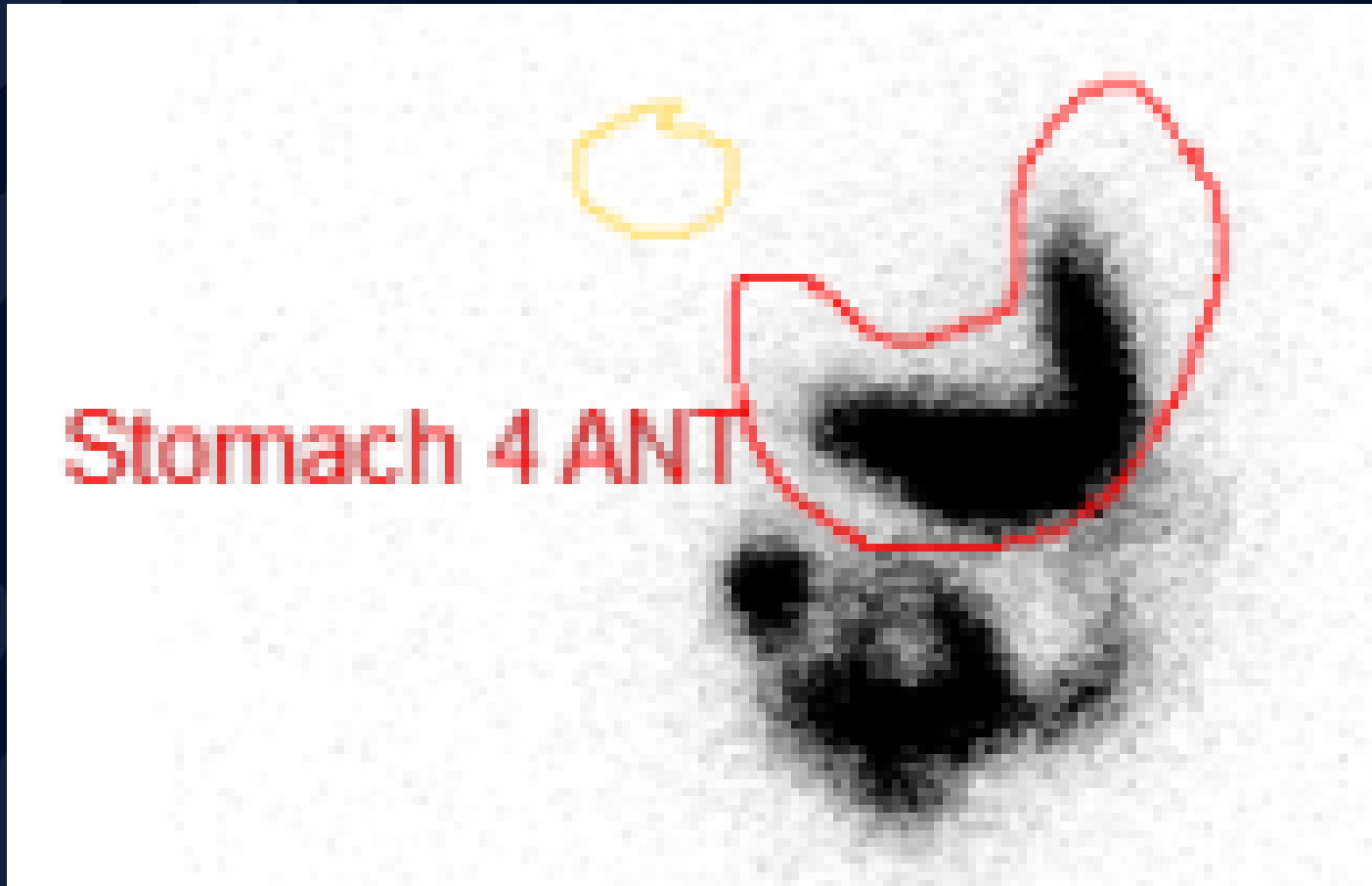
# Planar image of stomach at 30 min



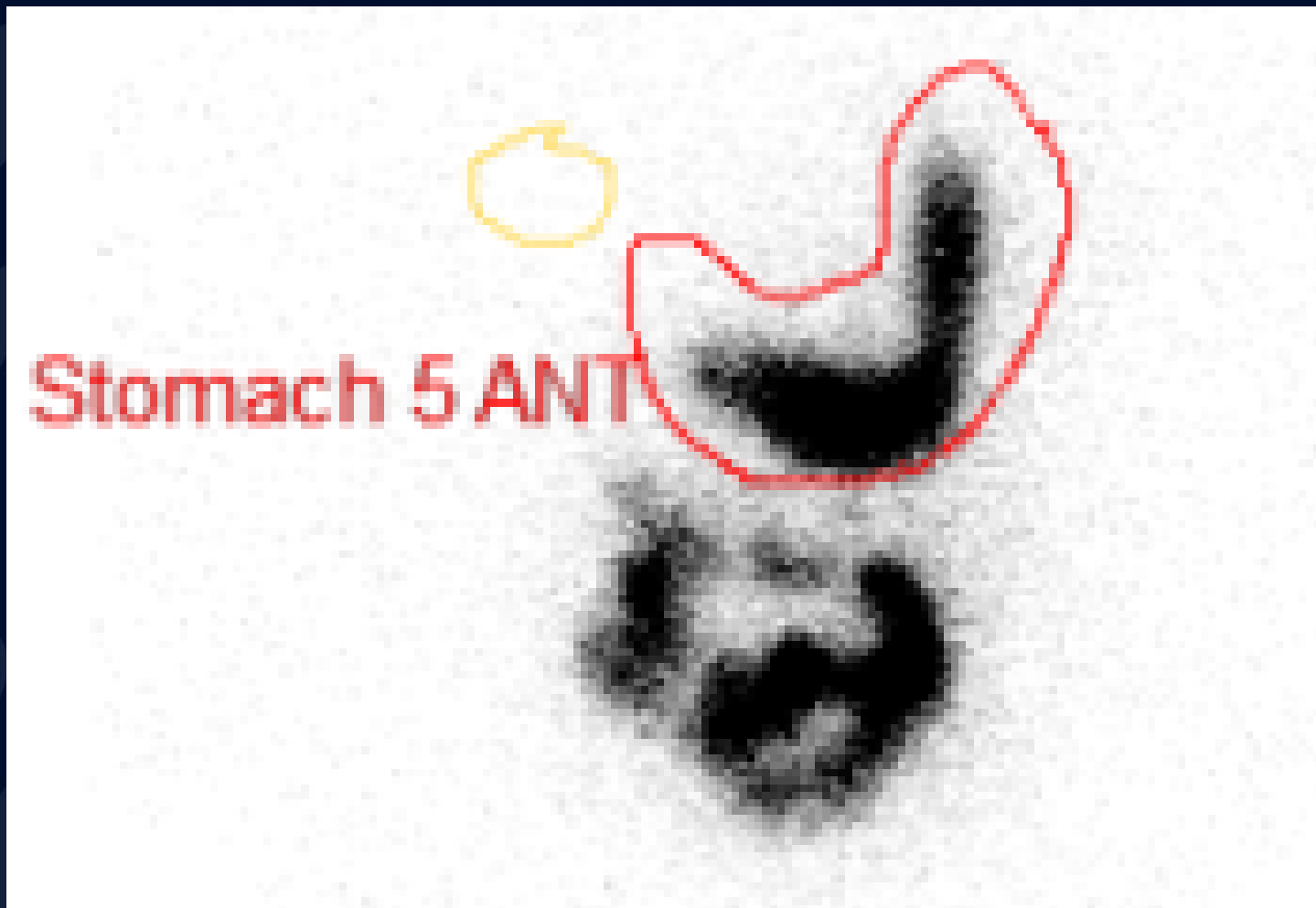
# Planar image of stomach at 60 min



# Planar image of stomach at 120 min



# Planar image of stomach at 180 min



# Planar image of stomach at 240 min



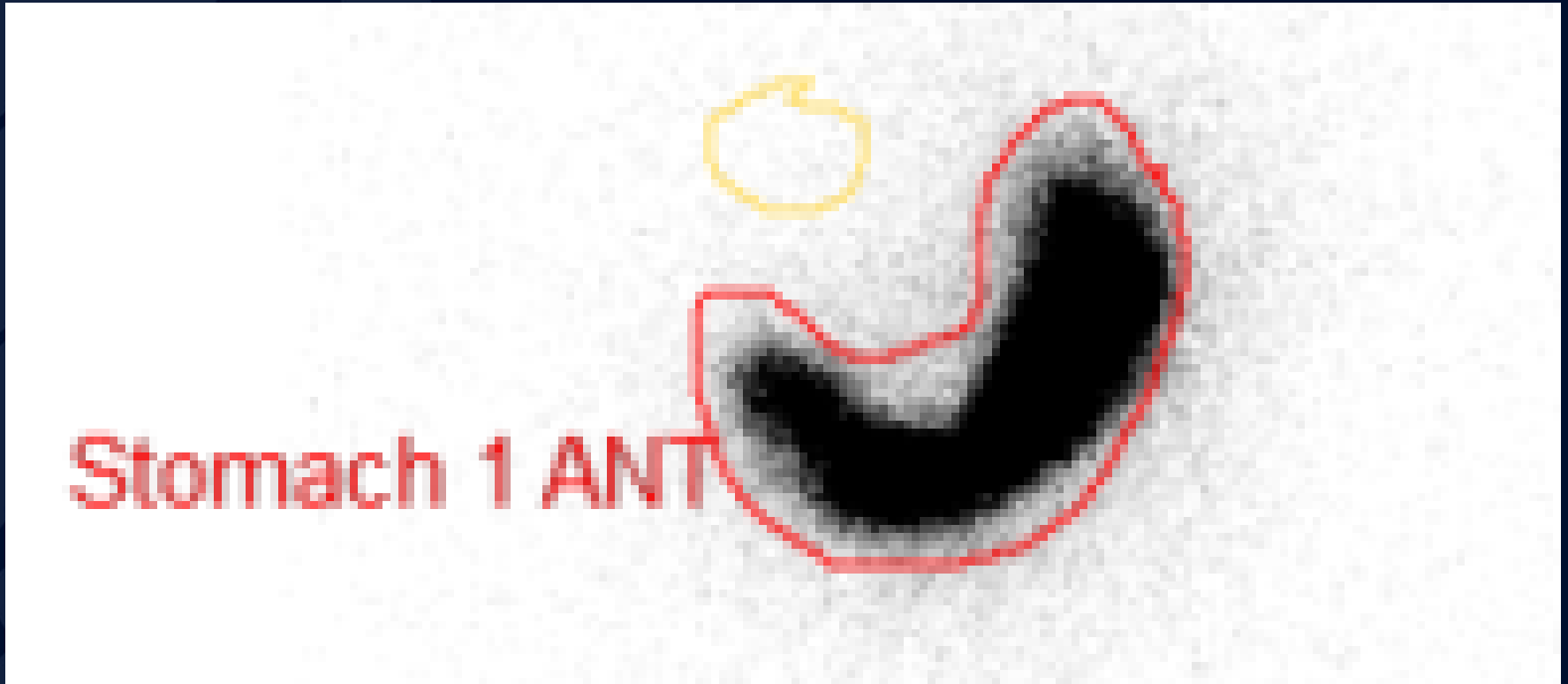
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

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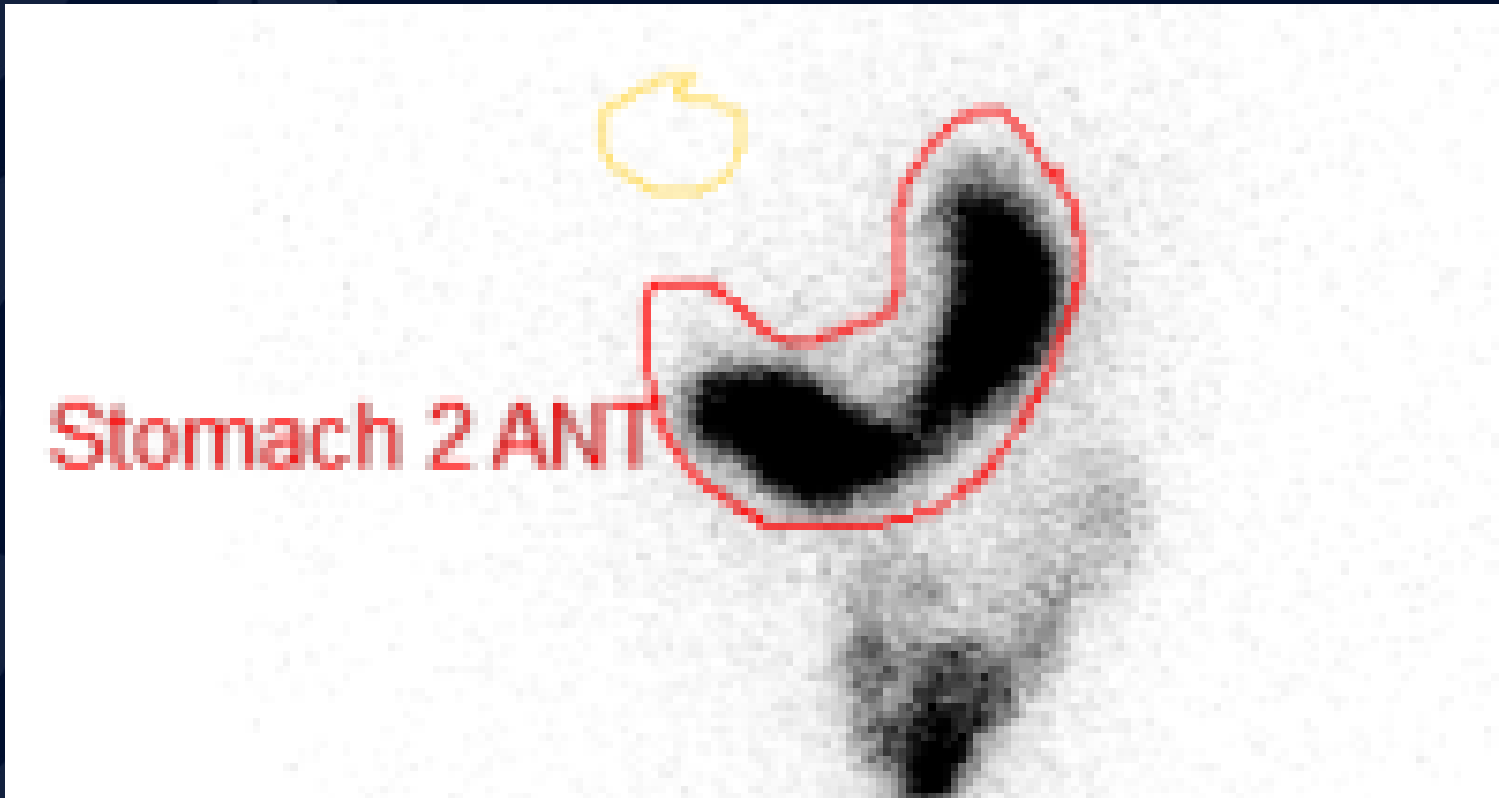
# Diabetic Gastroparesis

# Planar image of stomach at 10 min



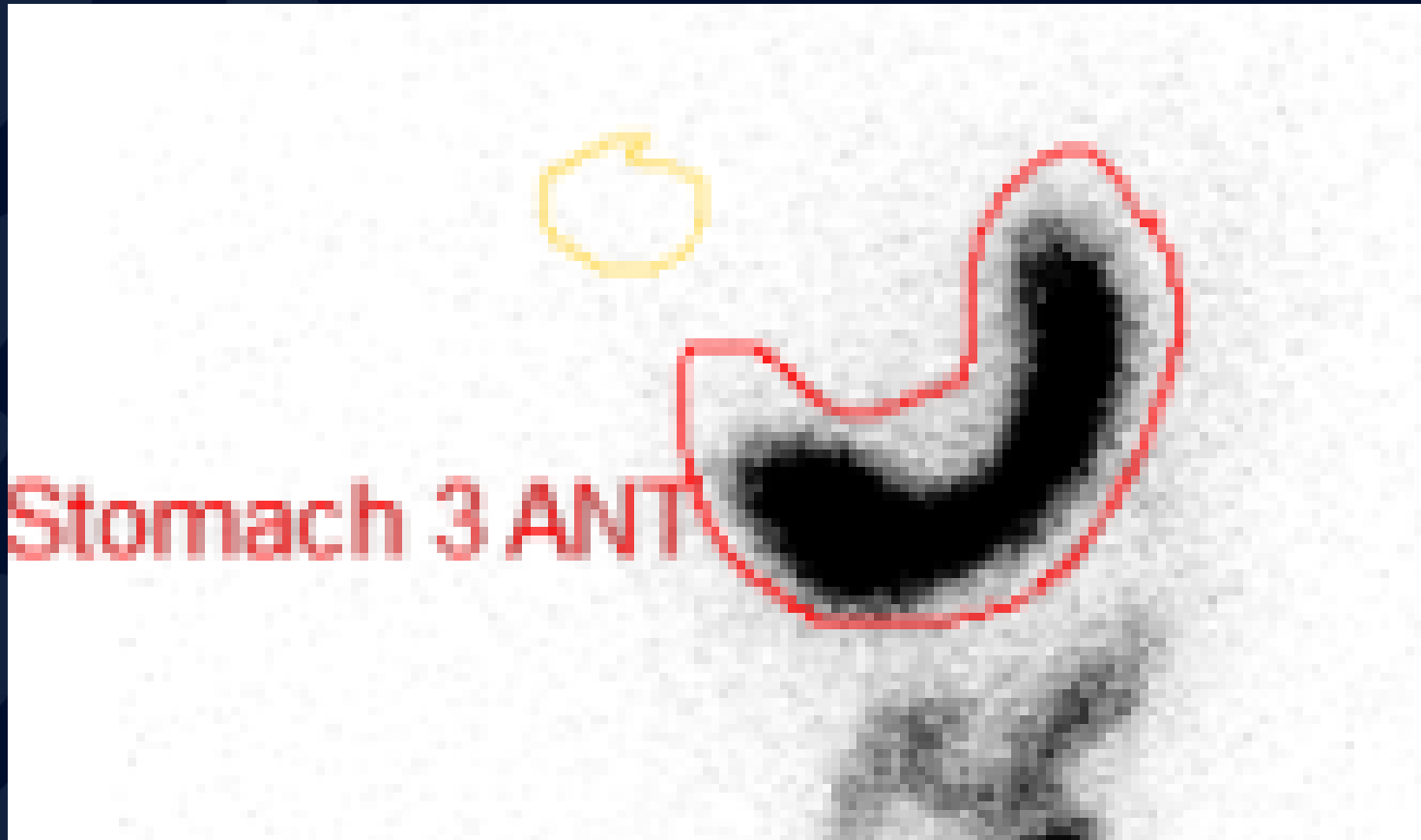
100% Retention

# Planar image of stomach at 30 min



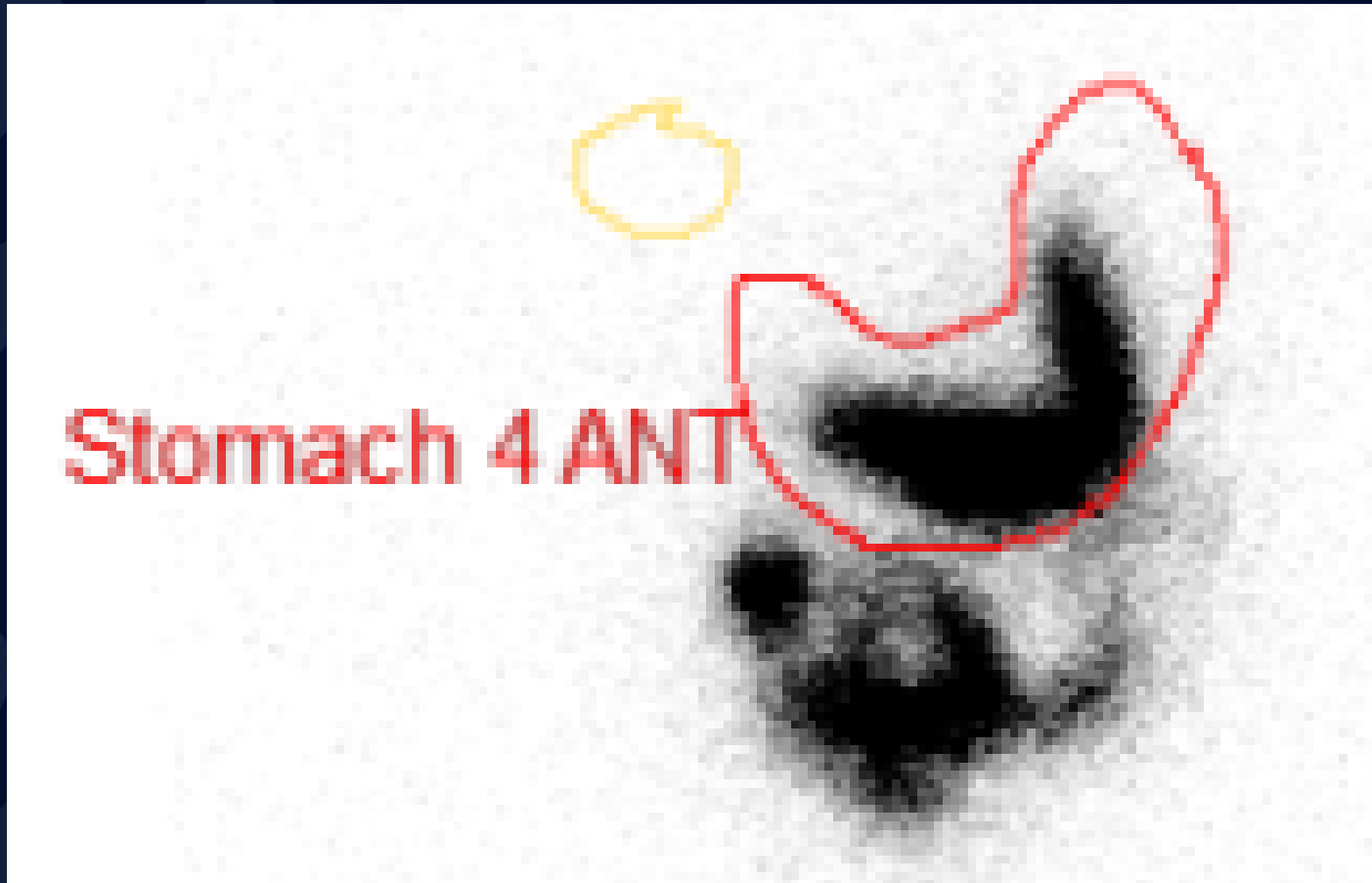
80% Retention

# Planar image of stomach at 60 min



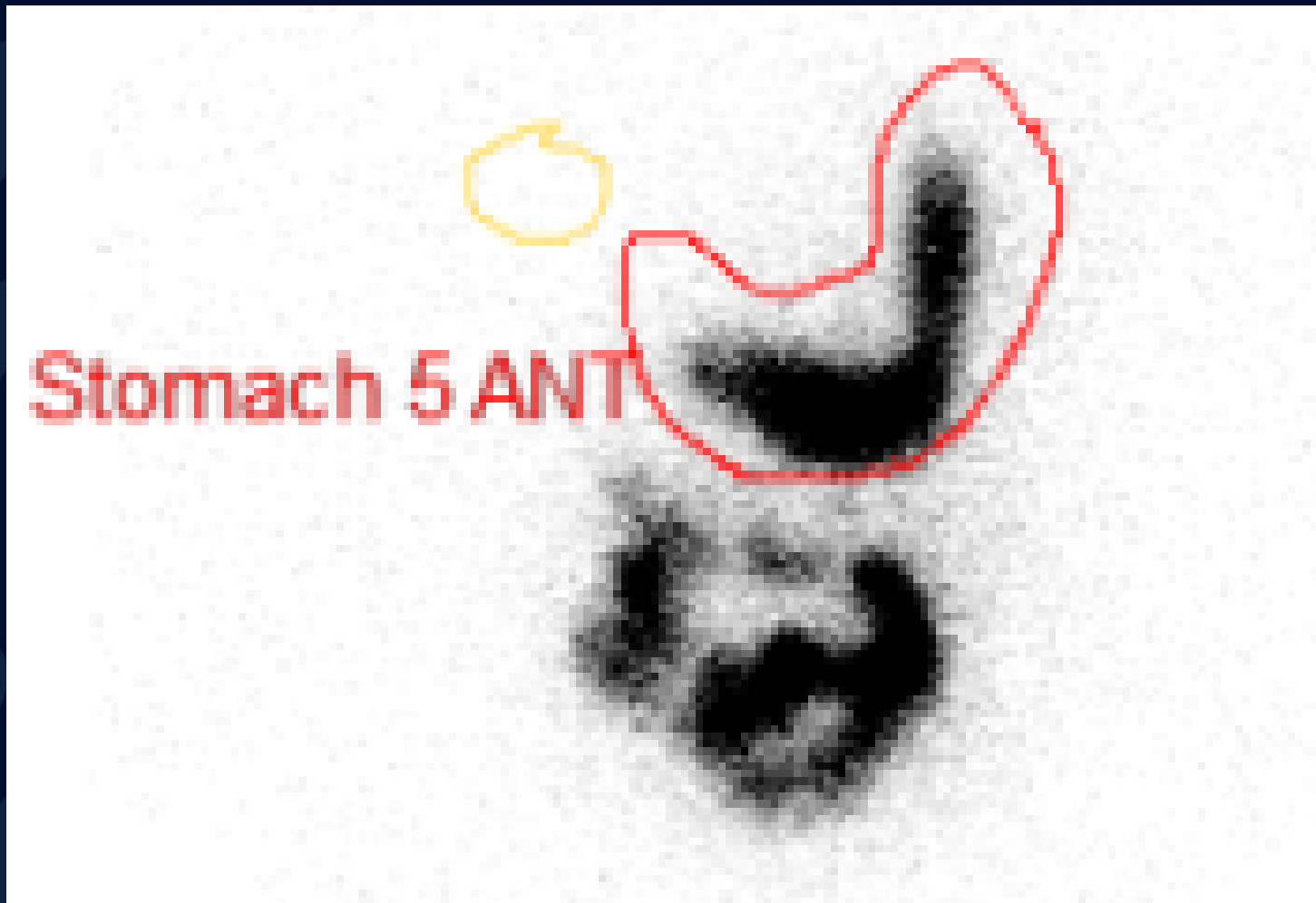
72% Retention

# Planar image of stomach at 120 min



65% Retention

# Planar image of stomach at 180 min



54% Retention

# Planar image of stomach at 240 min



25% Retention

# Gastroparesis

- Delayed gastric emptying without mechanical obstruction
- Symptoms: nausea, vomiting, fullness, bloating, early satiety
- Causes
  - 50% of cases are idiopathic
  - Type 1 Diabetes
  - Narcotics
  - Post thoracic or gastric surgery
    - Vagus nerve injury
- Imaging
  - Gastric emptying scintigraphy with radionuclide labeling of solids and liquids
  - Normal values for food retention
    - 37-90% at 1 hr
    - 30-60% at 2 hr
    - 0-10% at 4 hr
  - Upper GI series or CT scan can evaluate other causes