A 95-year-old patient presented with vomiting and epigastric pain that had been progressing over the previous 2 days. Upon examination, a painful irreducible epigastric mass was detected (Fig. 1 3D CT reconstruction). Computed tomography showed an epigastric hernia containing the gastric antrum with edematous mucosa (Fig. 2 coronal slice; Fig. 3 sagittal slice). Emergency surgery revealed a 4-cm wall defect with a protruding 2 cm × 2 cm circular area of gastric antrum and a circular fibrotic area on its surface without obstruction. The hernia contents were reintroduced into the abdomen as they presented a viable appearance. A polypropylene mesh was attached over the defect with interrupted nonabsorbable sutures, and the patient was discharged on the third day of hospitalization with no further complications.