Double pylorus in the era of proton pump inhibitors

Doble píloro en la era de los inhibidores de la bomba de protones

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ABSTRACT
Double pylorus and gastroduodenal fistula are rare conditions and can be either congenital or acquired. We report a case of a 58-year-old man with epigastric pain and dyspepsia in which the upper gastrointestinal endoscopy revealed an acquired double pylorus, probably caused by a gastric ulcer.
Key words: *Peptic ulcer; Helicobacter pylori, Endoscopy (source: MeSH NLM).*

RESUMEN
El doble píloro y la fístula gastroduodenal son condiciones raras y pueden ser congénitas o adquiridas. Se reporta un caso de un varón de 58 años con dolor epigástrico y dispepsia en quien la endoscopía digestiva alta mostró un doble píloro adquirido, probablemente causado por una úlcera gástrica.
Palabras clave: *Úlcera péptica; Helicobacter pylori; Endoscopía (fuente: DeCS BIREME).*

INTRODUCTION

Gastrointestinal abnormalities are rarely found during upper endoscopy in adults. Double pylorus and gastroduodenal fistula are either congenital or acquired. Acquired double pylorus, in most cases, is the result of a penetrating peptic ulcer creating a fistula between the duodenal bulb and the prepyloric antrum [(1)].

The most widely accepted hypothesis for its pathogenesis is that penetration initiates adhesion of the walls of the stomach and duodenum and finally creates a connecting channel, which is re-epithelialized [(2)].

We report a case of an acquired double pylorus in a middle aged adult.

CASE REPORT

A 58-year-old male was admitted to our hospital in March 2012 because of recurrent epigastric pain and dyspepsia. He had not presented any fever, gastrointestinal bleeding or post-prandial vomiting. He had not taken any nonsteroidal anti-inflammatory drugs (NSAIDS), steroids or other medications. Laboratory blood tests were within the normal range.

An upper gastrointestinal endoscopic examination of the stomach revealed two channels in the pylorus region, one in the regular site and the other in the lesser curvature of the antrum to the superior portion of the bulb. A small open ulcer (approximately 7 mm) was also seen close to the fistula (Figure 1).

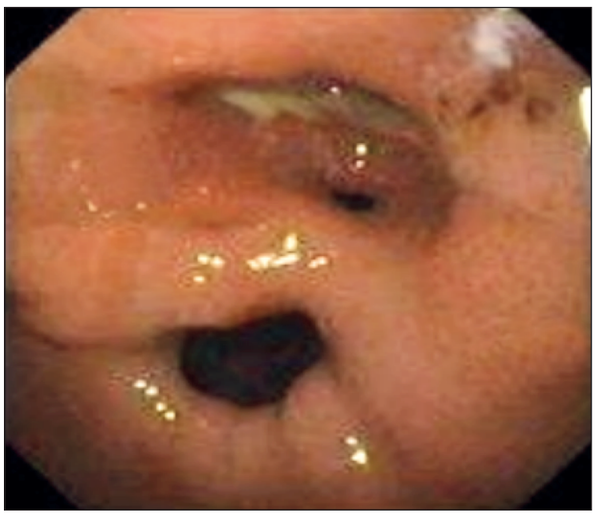

Figure 1. endoscopy shows two channels in the stomach that communicates with the duodenal bulb and a small gastric ulcer.

The endoscope could be passed from the antrum to the duodenum through either channel. Biopsy specimens, taken from around the accessory channel and the ulcer, showed inflammatory changes with *Helicobacter pylori*.

Treatment was initiated with omeprazole (40 mg twice daily), amoxicillin (500 mg twice daily) and clarithromycin (250 mg twice daily) for 14 days.

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