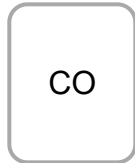


P2206 - Double Pylorus: Case Report of Atypical Presentation

 Tuesday, October 29  10:30 AM - 4:00 PM

 Location: Exhibit Halls 3 and 4 (Street Level)

Presenting Author(s)



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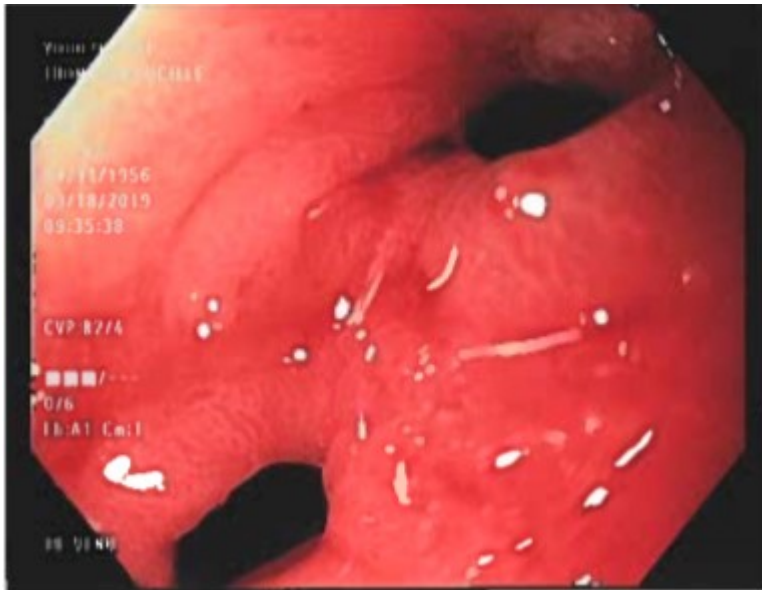
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Introduction: Double pylorus is a rare endoscopic finding that has been reported in 0.001% to 0.4% of upper gastrointestinal endoscopies, consisting of a gastroduodenal fistula extending from the prepyloric gastric antrum to the duodenal bulb through an accessory channel. In the majority of cases, it is a complication when peptic ulcers erode and create a fistula between the duodenal bulb and the distal stomach. It usually presents on the lesser curvature of the gastric antrum and on a superior wall of the duodenal bulb. It is commonly an endoscopic finding, since clinical presentation is similar to other peptic diseases.

Case Description/Methods: The patient was a 62-year-old female presented to the emergency room for evaluation of intractable nausea and vomiting. The patient reported sudden onset of symptoms day prior, with multiple episodes of brown-colored liquid emesis. Patient denied any associated abdominal pain, no postprandial association with food. CT showed significant mucosal thickening of the gastric antrum to proximal duodenum, resulting in severe dilation of the stomach with air fluid level. Nasogastric tube was then placed for decompression and serial KUB showed adequate position and non-obstructive bowel gas pattern. An esophagogastroduodenoscopy revealed moderate gastritis and antral duodenal fistula, an accessory channel was noted on the lesser curvature side and once engaged was able to be passed with the endoscope. Pathology returned reactive mucosal changes suggestive of focal erosions, *Helicobacter Pylori* returned negative.

Discussion: The majority of reported cases of double pylorus are acquired and are attributed to complications of ulcers at the antrum-pyloric area or at the duodenal bulb. Acquired double pylorus typically present symptomatic with chronic upper abdominal pain, vomiting, dyspepsia, or upper gastrointestinal bleeding. Patients often have a long history of treatment with NSAIDs or corticosteroids, which should prompt an investigation for *Helicobacter pylori* and eventual treatment if found positive. Medications for the reduction of peptic acid should be taken and ulcerogenic



Disclosures:

Christopher Orpiano indicated no relevant financial relationships.

Gurjeet Kang indicated no relevant financial relationships.

Michael Quinn indicated no relevant financial relationships.

Lakshminarasimhan Venu indicated no relevant financial relationships.

Joseph Staffetti indicated no relevant financial relationships.

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