Letters to the Editor

Double pylorus; a complication of gastric ulcer

Key words: Double pyloric canal. Gastric ulcer. Endoscopy.

Dear Editor,

Double pylorus is a rare pathological condition, which develops with fistulization between gastric antrum and duodenal bulb (1-4). Its incidence changes between 0.02 and 0.6% (5-7). It can be congenital or acquired (2). Gastric or duodenal duplications are in the etiology of congenital ones, whereas peptic ulcer diseases cause acquired ones (1-3).

Case report

A 75-years-old, female patient, who takes non-steroidal anti-inflammatory drugs (NSAIDs) frequently due to her arthralgia symptoms, applied to our clinic with the complaints of abdominal pain in the epigastric region. She had endoscopy, which revealed a region with a depressed center at the small curvature side, distal to antrum in the prepyloric region. When this region was forced mildly by the endoscope, an ulcer mouth with a necrotic base and covered by off white exudate was detected (Fig. 1A). Biopsy samples were obtained from this region. Passing through the pylorus canal, it was reached to the bulb, which was normal, but mucosa was edematous and rough at the level of ampulla of Vater in the second region of the duodenum. Although lumen diameter was observed normal, the distal part could not be reached. Malignity was not detected in the biopsy specimens and the patients were positive for *Helicobacter pylori* (HP), so she received the HP treatment. Proton pump inhibitors (PPIs) are given for 2 months

Fig. 1A.

after the HP treatment and the patient had the control endoscopy after the 2nd month. In the endoscopy, ulcer was recovered with a large fistula mouth instead of its place (Fig. 1B). As a result of passages from fistula to the bulb directly through pylorus canal, fistula mouth opening to the bulb was observed at the roof of the bulb. Patient is still using PPI and in her control endoscopy, fistula has been observed to be open at the 5th month.

Discussion

Double pylorus is a rare condition, which was first described by Schmit and Tuttle (8). It is most frequently presented by ulcer complications (1-4). Our case had peptic ulcer like complaints for about 5 months. Double pylorus is most frequently located in the small curvature side in the antrum as it has been observed in our case. This location area is consistent with the most common localization of gastric ulcers (6-10).

Fig. 1B.

Double pylorus is commonly encountered in people generally over 50 years of age with concomitant systemic diseases like diabetes mellitus, chronic renal failure, chronic obstructive pulmonary disease and cardiac failure, which delay wound healing and deteriorates microcirculation, and in people, who use NSAIDs for long terms (6-10). Our case was 76 years old and was using NSAIDs for a long time.

HP eradication is important for HP (+) cases to prevent ulcer recurrence and to relieve the symptoms in the treatment of double pylorus (9,10). Patients are advised to use PPI for long periods of time. Despite this, it is not expected that fistula is closed (1-3,5). In a study, in which 20 patients with double pylorus were followed up for 10 years, fistula was observed to have been closed in one patient (5). In our case, com-

plaints of the patient were relieved but the fistula was not closed in 5-month follow up period. Although when compared to 10-year follow up period, this follow up period was a shorter one, we have believed that it would be difficult for the fistula to be closed.

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