Double pylorus

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A 65-years-old man with a history of alcoholic liver cirrhosis and gastric peptic ulcer was medicated with esomeprazol and lactulose. Due to intolerance to propranolol, he was referred to our institution to perform primary prophylaxis of esophageal variceal bleeding with band ligation.

In the esophagogastroduodenoscopy was observed large esophageal varices without red wales; deformation of the gastric antrum and an abnormal communication between the lesser curvature of the antrum and the duodenal bulb. Histology revealed chronic superficial gastritis, without dysplasia or *Helicobacter pylori* (Figs. 1, 2 and 3).

Double pylorus is a rare condition characterized by the presence of accessory channel extending from the distal stomach to the duodenal bulb (1). It was first reported in 1969 by Smith and Tuttle (2) and in most cases is an acquired complication of chronic peptic ulcer disease (1). Has been reported in 0.001-0.4% of upper gastrointestinal endoscopies (3) and seen twice as often in males when compared with females (4).

It can be found incidentally or present with epigastric pain, dyspepsia, upper gastrointestinal bleeding (1). In general, the patients respond well to conservative treatment for peptic ulcers but fistula closure did not occur in the majority of patients in long-term follow-up (4).

REFERENCES