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IMAGE OF THE MONTH

Acquired double pylorus: An unusual complication of duodenal ulcer

Doble piloro adquirido: una complicación poco usual de úlcera duodenal

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A 52-year-old man presented with epigastric pain and melena. He had a history of alcohol and tobacco abuse, and he had taken nonsteroidal anti-inflammatory drugs (NSAIDs) for low back pain.

Upper endoscopy showed a deep ulcer with elevated borders and about 15 mm of diameter (Fig. 1) on the anterior wall of the duodenal bulb. The patient was treated with a proton-pump inhibitor.

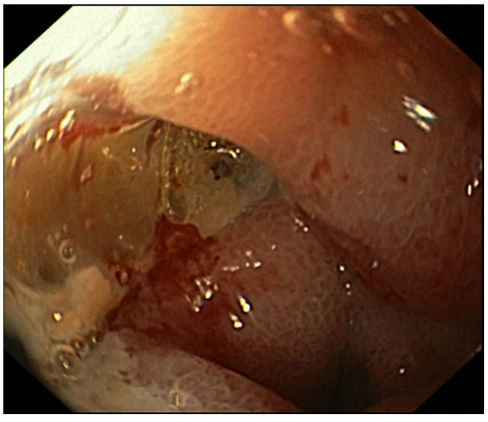

Figure 1 A deep ulcer with elevated borders and about 15 mm of diameter on the anterior wall of the duodenal bulb.

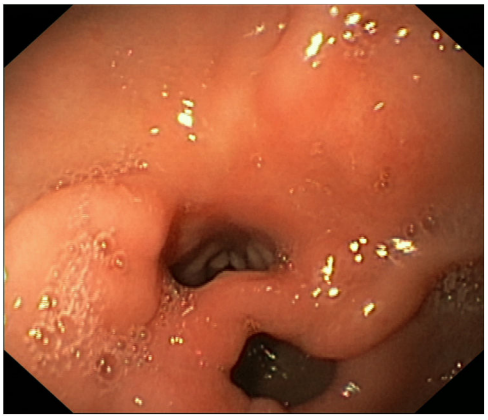

Figure 2 Two openings connecting the lesser curvature of the gastric antrum and the duodenal bulb, consistent with a double pylorus.

Endoscopic follow-up two months later showed two openings connecting the gastric antrum and the duodenal bulb (Fig. 2), separated by a tissue septum. The scope could enter the bulb through both openings. The findings were consistent with an acquired double pylorus from a duodenal bulb ulcer complication. *Helicobacter pylori* colonisation was not found on histology of gastric biopsies.

Double pylorus is a rare condition characterised by the presence of a double communication between the gastric antrum and the duodenal bulb.[1] It may occur as a congenital abnormality or as an acquired complication of a penetrating ulcer.[2] It can be found incidentally or present with epigastric

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pain, dyspepsia or gastrointestinal bleeding.[1,2] The diagnosis is typically made based on endoscopic findings.[1] Treatment is mostly conservative, including proton-pump inhibitors, avoidance of NSAIDS and *Helicobacter pylori* erradication.[1–3]

Disclosure statement

No conflicts of interest to declare.

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