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CLINICAL IMAGE

Double pylorus: two sides to one story

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Key Clinical Message

It is important to recognize that "congenital" double pylorus is a benign condition, so that extensive work-up can be avoided. Also, endoscopists should be aware of the double pylorus and demonstrate extra caution during endoscopic retrograde cholangiopancreatography (ERCP).

Keywords

Acquired, congenital, double pylorus, peptic ulcer disease.

A 60-year-old man presented with intermittent episodes of heart burn and upper abdominal pain for the last 2 years. The pain was mild in intensity, located in the epigastric region, and was nonradiating. The patient denied any history of gastroesophageal reflux disease, peptic ulcer disease, liver disease, or the use of nonsteroidal anti-inflammatory drugs. The patient also denied any tobacco and alcohol use. Gastroenterology was consulted, and decision was made to pursue an upper GI endoscopy. Upper GI endoscopy showed no evidence of peptic ulceration, inflammation, or bleeding, but demonstrated a double pylorus (Figs 1 and 2). The gastric and duodenal mucosa appeared normal. Endoscope was passed through both openings, entering into the duodenal bulb. Upper GI endoscopy failed to identify any pathological signs; therefore, a diagnosis of congenital double pylorus was confirmed. The patient was successfully treated with omeprazole 40 mg once a day and continues to be on omeprazole therapy.

Double pylorus can be considered as a fistula connecting the stomach and the duodenum. It consists of a short accessory channel that leads to the gastric antrum and duodenal bulb connected by two separate openings. It can be congenital or acquired. The reason for congenital double pylorus probably is abnormality in the developmental process during the early stages of embryonic life, leading to duplication of pylorus [1]. The majority of reported cases of double pylorus are acquired and attributed to peptic ulcer disease or long-term treatment with drugs including corticosteroids and NSAIDs, which may prevent healing

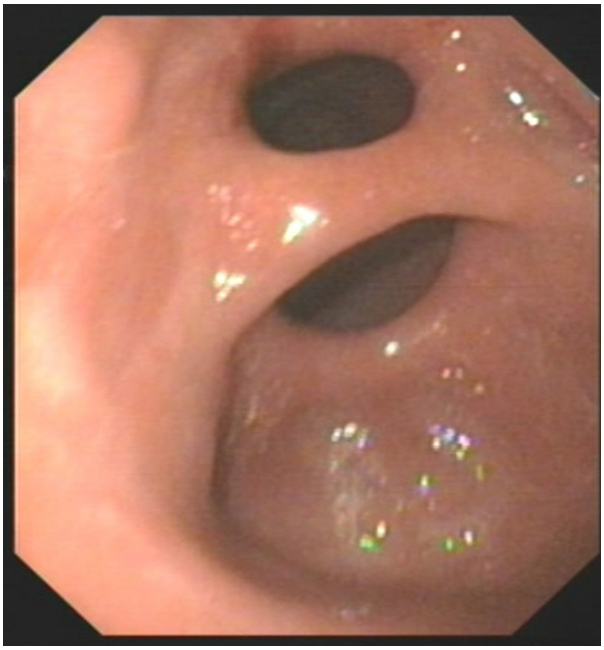

Figure 1. Endoscopic view demonstrating double pylorus.

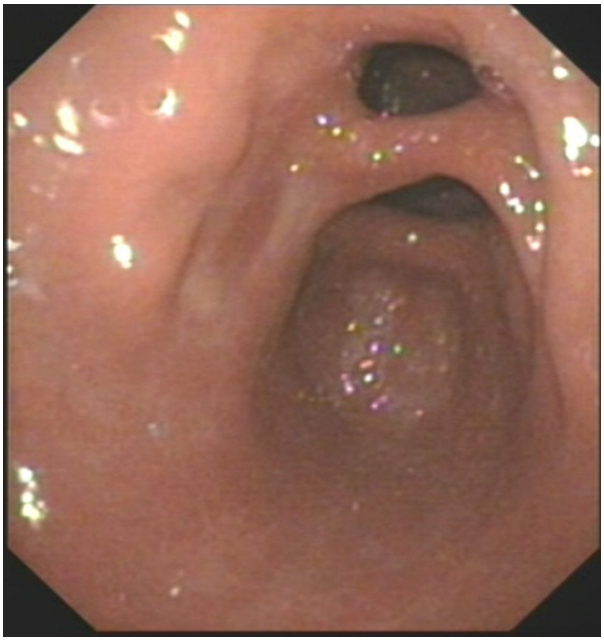

Figure 2. Another view showing double pylorus.

and leading to the formation of fistula. It is important to recognize that "co2ngenital" double pylorus is a benign condition, so that extensive work-up can be avoided. Also, endoscopists should be aware of the double pylorus and demonstrate extra caution during endoscopic retrograde cholangiopancreatography (ERCP).

Conflict of Interest

The authors have no conflict of interest or financial disclosures.

Authorship

SU was involved in the care of the patient, performed literature search and drafted the manuscript. MB edited the final manuscript.

Reference

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