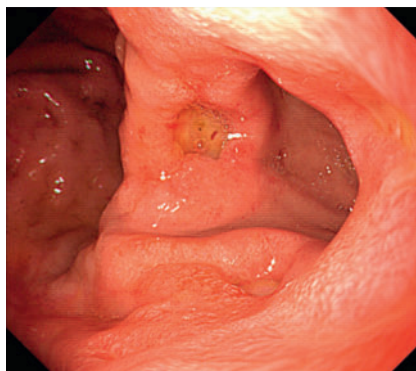


Congenital gastric ectopic pylorus: a rare gastric malformation



▶ **Video 1** Congenital gastric ectopic pylorus with gastric ulcers.



▶ **Fig. 1** An ectopic pyloric opening leading to the duodenum was located in the lesser curvature of stomach with multiple surrounding ulcers.

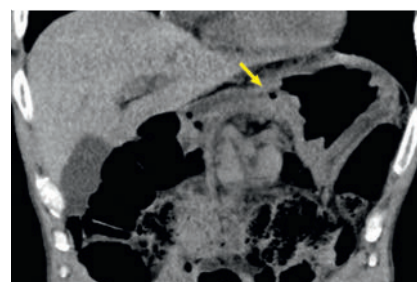


▶ **Fig. 2** The blind antrum without normal pylorus.

A 71-year-old man who presented with hematemesis and melena was admitted to our hospital. He denied any previous surgery history or recent use of alcohol and antithrombotic agents. Esophago-gastroduodenoscopy (EGD) revealed an opening leading to the duodenum and the blind antrum without normal pylorus (▶ **Fig. 1**, ▶ **Fig. 2**). The ectopic pyloric opening was located in the lesser curvature of the upper gastric body, approximately 2 cm distal to the cardia. Multiple ulcers were also found near the opening without active bleeding (▶ **Video 1**). The upper gastroenterography and computed tomography showed the teapot-like stomach, further confirming the ectopic pyloric opening in the upper gastric body (▶ **Fig. 3**, ▶ **Fig. 4**). With conservative medication, the patient gained a rapid recovery and was discharged uneventfully. Congenital gastric ectopic pylorus is an extremely rare congenital gastric abnormality, which was first reported and coined by Yu ZL et al. [1] in 1983. Uraz S et al. [2] published the first English literature in 2007. This disease occurs more frequently in the 6th and 7th decade of life, with a male predominance (8:1).



▶ **Fig. 3** The upper gastroenterography showed the teapot-shaped stomach. The contrast agent accumulated in the blind antrum and flowed from the ectopic opening to the duodenum.



▶ **Fig. 4** An abdominal computed tomography scan showed the ectopic pylorus opened to the less curvature of stomach (yellow arrow).

The majority of reported cases (89.2%) were from East Asia, and the underlying mechanism remained unknown. Most patients present non-specific symptoms, such as abdominal pain, bloating, regurgitation, and belching. However, almost 30% of patients may manifest with upper gastrointestinal bleeding. With continuous acid reflux from the stomach to the duodenum, the constantly open ectopic pylorus may contribute to peptic ulcers and subsequent bleeding [3]. We should

improve our understanding of this disease to avoid misdiagnosis.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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