

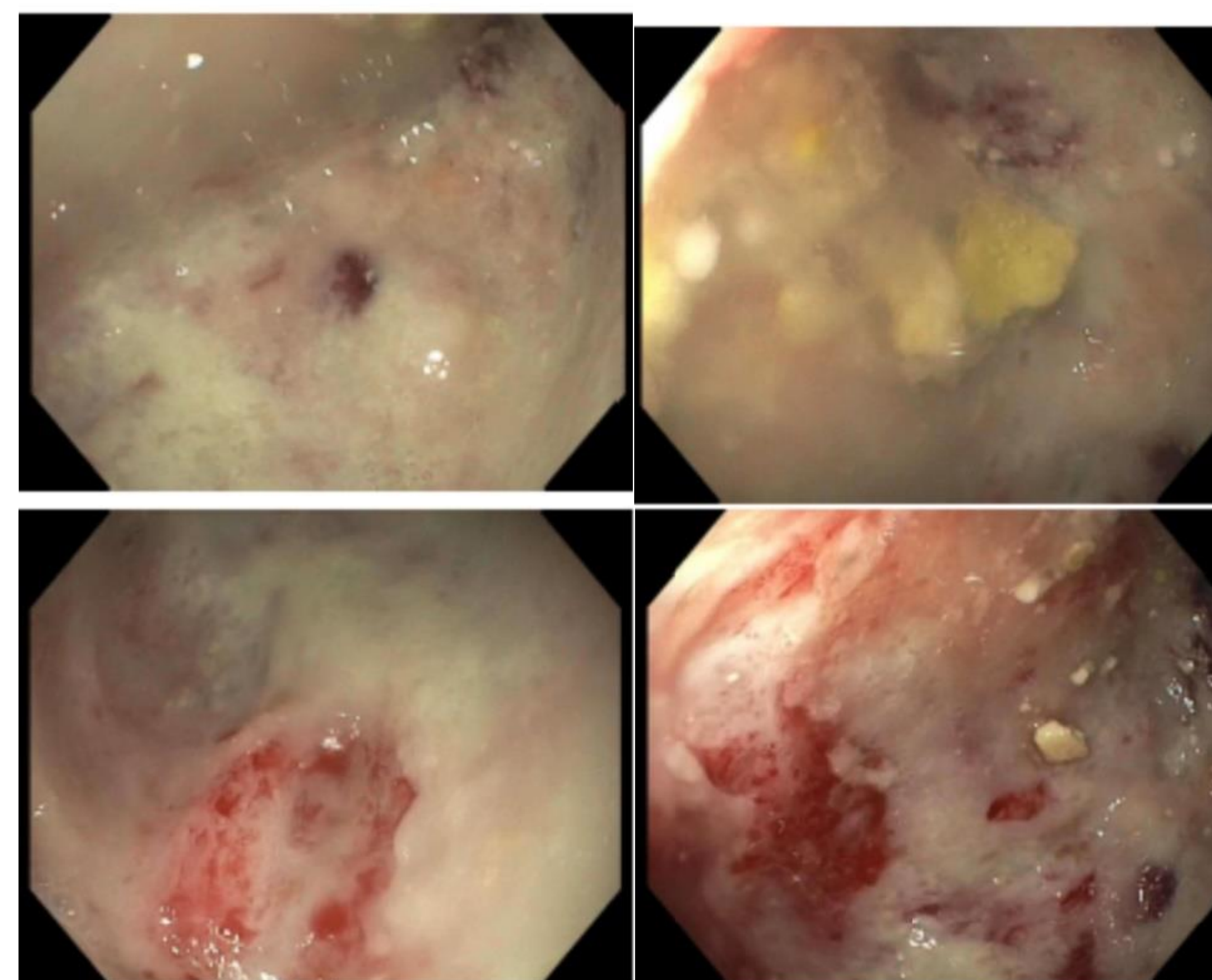
INTRODUCTION

- In patients with severe peptic ulcer disease (PUD), perforation is a serious complication, often presenting with acute abdominal pain.
- Perforation occurs in approximately 5% of patients with PUD over their lifetime.
- Although fistulas have been reported as a potential complication of postoperative perforated peptic ulcer disease, we present a unique case of antral-abscess fistula complicated by duodenal adenocarcinoma.

CASE DESCRIPTION

- A 57-year-old female presented to the hospital with a chief complaint of epigastric pain. The patient had a history of perforated gastric ulcer status post graham patch repair.
- Computed Tomography of abdomen revealed remote gastric perforation with chronic fistulous connection between the gastric antrum and an abscess along the superior margin of the gastric antrum, underneath the left liver.

IMAGING/ENDOSCOPY



Duodenal images demonstrating ulcerations concerning for non-visible bleeding vessels and fistula.

CASE DESCRIPTION

- Upper GI endoscopy revealed non-bleeding large cratered chronic appearing duodenal ulcer with a clean ulcer base in the duodenal bulb involving more than 90% of the duodenal circumference, causing narrowing at the duodenal sweep and 2nd portion of duodenum.
- Subsequent duodenal ulcer biopsy revealed necrotic tissue with infiltrating cells which were significant for adenocarcinoma of the duodenum.

DISCUSSION

- To our knowledge, this is the first report demonstrating antral stomach-abscess fistula with concomitant evidence of duodenal adenocarcinoma after perforated peptic ulcer disease. With this report, we not only aim to shed light on this unique complication but also to spark the scientific community to further investigate potential associations of duodenal adenocarcinoma including peptic ulcer disease.