

# Choledocystoduodenal Fistula Effectively Treated with a High-Dose Proton Pump Inhibitor: A Case Report

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AMAZING  
THINGS  
ARE  
HAPPENING  
HERE

## Background

- Choledocystoduodenal fistulas are a rare complication of biliary or peptic ulcer disease [2].
- Approximately 91%-94% of spontaneous internal biliary fistulas are caused by stones in the biliary tract. The second most common cause is peptic ulcer [1].

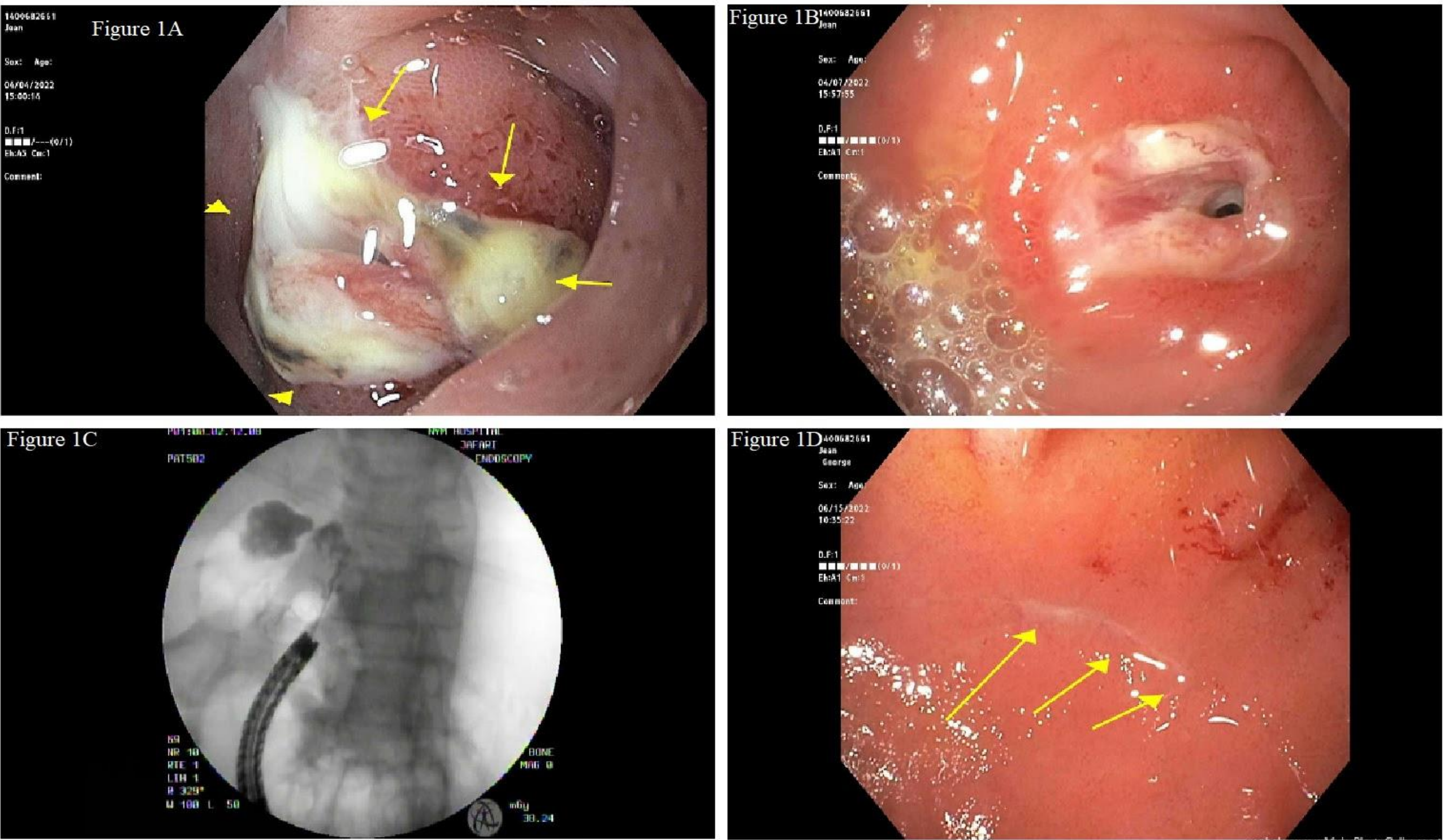
## Discussion

- Cholecystoenteric fistulas are a rare complication of gallstone disease and peptic ulcer disease, with an autopsy reported incidence rate of 0.1%-0.5% [1].
- Our case suggests that a high proton pump inhibitor dose for 8-12 weeks may be sufficient for the fistula to heal.
- By implementing medical management for this condition, it may be possible to avoid the morbidity and mortality associated with laparoscopic or open fistula repair.

## Case Presentation

A 73-year-old female with a history of duodenitis and gastritis presented for chronic intermittent abdominal pain.

**VS:** 37.8 | RR 17 | BP 128/76 | HR 92 **Labs:** WBC 7.8K/ $\mu$ L **Path:** Negative for H pylori  
**Exam:** Epigastric pain, mildly distended abdomen, - guarding, - rebound tenderness



- 1A. Initial EGD showing large necrotic duodenal lesion with copious purulent drainage.  
1B. Second EGD demonstrating duodenal bulb ulcer.  
1C. Fluoroscopy with contrast injection demonstrating fistula tract communication with gallbladder.  
1D. Follow-up EGD after treatment with high dose PPI demonstrating healed choledocystoduodenal fistula with a small residual duodenal ulcer.

## Key Points

- We present a case of a patient found to have a choledocystoduodenal fistula caused by peptic ulcer disease successfully treated with high-dose PPI.
- Historically, surgical intervention is the most common treatment for cholecystoduodenal fistulas [3].
- Medical management of choledocystoduodenal fistulas with a course of high-dose proton pump may improve outcome.

## References

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