A Rare Complication of Peptic Ulcer Disease: Double Pylorus Syndrome

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INTRODUCTION

Double Pylorus Syndrome or gastroduodenal fistula is a rare entity usually found incidentally on endoscopy. This syndrome can be congenital or secondary to gastric malignancy or peptic ulcer disease. The pylorus has two openings which connect the duodenal bulb to the gastric antrum. This syndrome is extremely rare and found in less than .5% of cases. Recurrent gastrointestinal (GI) bleeding can occur secondary to inadequate epithelization of the tract and recurrent ulcerative disease.

AIM

We present a unique consequence of peptic ulcer disease in a 68-year-old female found to have Double Pylorus Syndrome. We present a rare anatomical entity secondary to peptic ulcer disease that clinicians should be aware of and thus be vigilant in treating the underlying cause.

DISCLOSURES

None

CASE DESCRIPTION

- A 68-year-old female with PMH of atrial fibrillation on anticoagulation presented to the hospital for evaluation of iron deficiency anemia with workup remarkable for Hb 6.8.
- Iron studies revealed an iron level was 19 with a ferritin of 11.
- She was treated with an intravenous proton pump inhibitor drip and iron supplementation.
- She had undergone prior upper endoscopic evaluation which revealed a non-bleeding gastric ulcer in the antrum.
- She underwent repeat esophagogastroduodenoscopy which revealed a duodenal ulcer with active oozing which was treated with epinephrine, two endoclips, and gold probe electrocautery. A double pylorus was also seen.
- The patient was discharged with a course of PPI therapy and was cleared to resume anticoagulation, however, she deferred restarting until discussion with her outpatient cardiologist.

DISCUSSION

- **The majority of DILI is benign and resolves after withdrawal of the offending agent. However, it is also the number one cause of acute liver failure in the United States.**
- **The clinical presentation of cholestatic DILI can be variable with an asymptomatic elevation in AP, ranging from a hepatocellular pattern to rarely having a cholestatic pattern, which depends on the offending drug. Intravenous ketamine-induced DILI is more widely reported in the literature unlike our case of intranasal ketamine-induced DILI.**
- **As Ketamine becomes more frequently used in the treatment of chronic pain, our case highlights the need for physicians to remain vigilant in recognizing the potentially adverse effects of powerful anesthetics.**
- **We present an extremely rare case of intranasal ketamine abuse leading to DILI.**

Figures

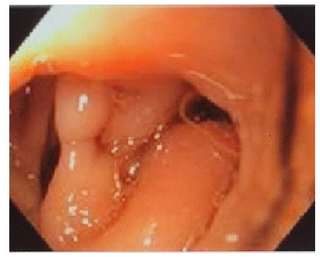

Image 1. Double Pylorus Seen on EGD

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