

Spontaneous Resolution of Cholecystoduodenal Fistula Secondary to Duodenal Ulcer

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A right ankle osteosynthesis for traumatic fibular fracture was performed on a 79-year-old female with a previous medical history of arterial hypertension and Sjogren syndrome. Two months later, she was admitted and the osteosynthesis material was removed and reconstructive skin surgery was completed. At 34th postoperative day, the patient presented melena and hemoglobin decreased to 6 g/dL. Upper digestive endoscopy (UGIE) revealed a duodenal ulcer located at the transition from the bulb to the second portion of the duodenum, with two visible nonbleeding vessels (Supplementary file). Because of its difficult location and the risk of triggering significant bleeding, no hemostatic therapy was attempted, and high-dose proton pump inhibitors was started. Despite good initial hemoglobin response to red blood transfusion, there was recurrence of melena after 48 hours. Repeated UGIE depicted the duodenal ulcer with a clean base with a small orifice at its center with bile leak (Fig. 1), that correlated with an abnormal communication between gallbladder and duodenal lumen at abdominal computed tomography scan (Fig. 2), consistent with a cholecystoduodenal fistula. The patient evolved favorably with conservative management with no recurrence of gastrointestinal bleeding and stable hemoglobin levels. Six months later, UGIE showed complete ulcer healing and fistula resolution (Fig. 3).

Cholecystoduodenal fistulas are primarily caused by cholecystolithiasis, and early surgical treatment is usually recommended. Cases secondary to a duodenal ulcer are extremely rare, with only five cases reported to date [1-5], and their best approach remains controversial. Of those five cases, surgical intervention was required in three [3-5], because of malignancy mimicry [3], uncontrollable bleeding [4] or obstruction [5]. In the remaining two cases, similar to our case,

conservative management resulted in favorable evolution with ulcer healing and fistula closure [1, 2]. Conservative treatment may be considered for cholecystoduodenal fistulas secondary to peptic ulcer disease in the absence of complications.

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