

An Uncommon Complication of Peptic Ulcer Disease

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Clinical Image

A 52-year-old man with schizophrenia was admitted owing to symptoms of bleeding at the lumen of the upper part of the gastrointestinal tract. Emergency gastroscopy revealed a large penetrating ulcer on the anterior gastric wall, with symptoms of previous bleeding. Intensive conservative treatment was performed. During control gastroscopy three days later, a gastroscope was

inserted from the lumen of the stomach through the ulcer on the anterior gastric wall to the lumen of the transverse colon (Figure 1). A barium contrast study confirmed the presence of a gastro-transverse fistula (Figure 2). Despite the presence of the large penetrating gastric ulcer and gastrocolic fistula, the patient reported no symptoms of pain, which can be owing to the modified pain perception in schizophrenia.

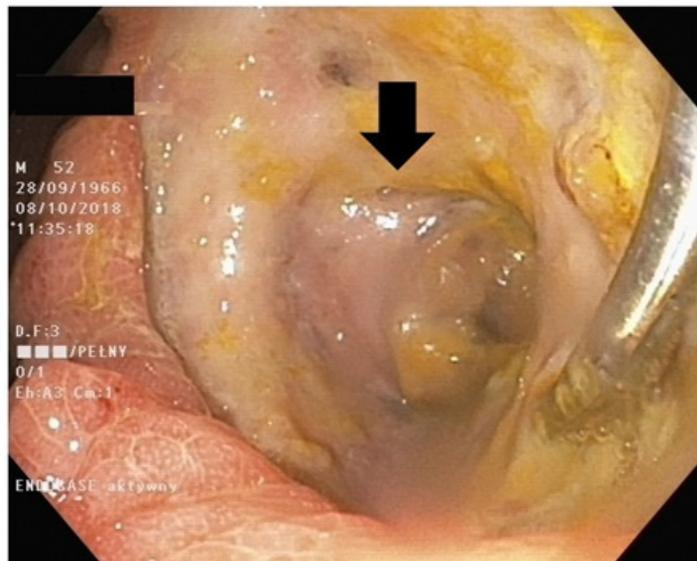


Figure 1: Control gastroscopy image showing a gastro-transverse fistula at the anterior gastric wall (black arrow). A gastroscope is inserted through the ulcer to the lumen of the transverse colon.

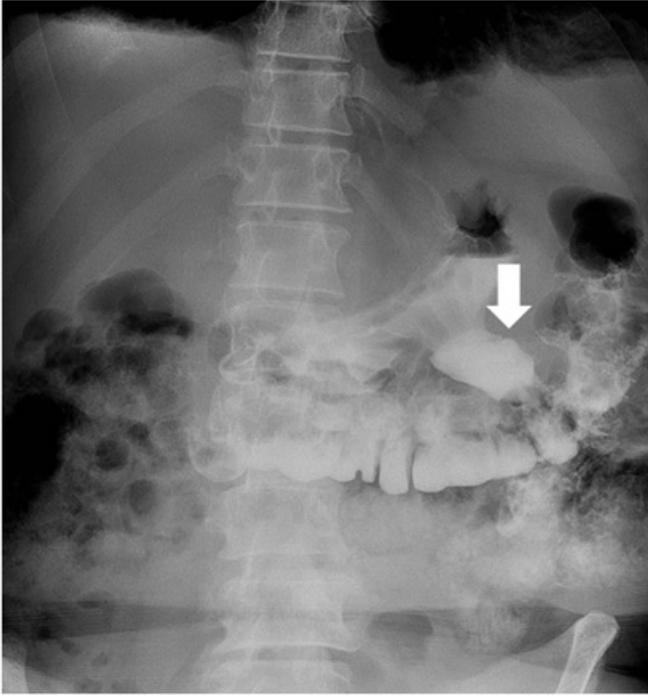


Figure 2: The presence of a gastro-transverse fistula (white arrows) confirmed by a barium contrast study.

Gastrocolic fistulas are very rare complications of benign and malignant diseases of the gastrointestinal tract [1]. In the past three decades, complications of peptic ulcer disease are less frequently encountered as a result of the increased use of proton pump inhibitors [2]. Currently, gastrocolic fistulas are more frequent in invasive colonic and gastric carcinomas, which can be associated with the increased incidence of this malignant gastrointestinal disease [3].

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