An unexpected finding on gastroscopy: gastro-gastric fistula with *Helicobacter pylori* and *Giardia lamblia*

A 66-year-old woman presented with a 6-week history of vomiting, dysphagia, black stool, and weight loss, with melena on per rectum examination. Gastroscopy revealed a large chronic ulcer at the incisura with two gastro-gastric fistulae between the antrum and the body (Fig. 1). A Fig. 2 shows the proximal endoscope markings visible through a fistula. Biopsies and computed tomography (CT) of the abdomen did not show any evidence of neoplasia, but histologic examination revealed numerous *Giardia lamblia* parasites (Fig. 3). *Helicobacter pylori* was not seen but the rapid urease test was positive. The patient was treated with intravenous pantoprazole, oral metronidazole, and eradication therapy, and no more bleeding was observed. *H. pylori* was successfully eradicated and following discharge the patient gained weight with no further signs of gastrointestinal bleeding. Repeat endoscopy showed healing of the ulcer but persistent incisura deformity and gastro-gastric fistulation.

Although peptic ulcer disease, Crohn’s, and cancer have been postulated to cause fistulation, we could find no published data to confirm this. Reports of gastro-gastric fistulae in the literature are almost exclusively related to obesity surgery. This complication occurs in up to 1.2% of Roux-en-Y procedures, [1] which seems to be the most common cause of gastro-gastric fistulae. The presence of *Giardia* seems incidental although it has previously been linked to *H. pylori* infection [2, 3]. In a large retrospective case series of patients with giardiasis, 8.7% had gastric colonization but this was not associated with any specific gastric histology [4]. In addition, since *Giardia* is not usually associated with ulceration in its more usual habitat of the small bowel [4], it can be assumed to be an unrelated finding. We believe our patient most likely had chronic peptic ulcer disease related to *H. pylori* with, perhaps, perforation and subsequent fistula formation.

**References**


**Corresponding author**

Dr S. Singh
Department of Gastroenterology
Royal Bolton Hospital NHS Foundation Trust
Minerva Road, Farnworth
Bolton, BL4 0JF
United Kingdom
Fax: +44 1204 390 141
Sailil.Singh@rbh.nhs.uk

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**Competing interests**: None

J. Weeks, P. Mooney, G. Lipscomb, J. M. Pearson, A. Ong, S. Singh
Department of Gastroenterology, Royal Bolton Hospital NHS Foundation Trust, Bolton, United Kingdom

**Bibliography**


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