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](#)). The angle of view in [Fig. 2](#) is indicated by the arrow. [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.

**Competing interests:** None

**References**


**Bibliography**

DOI http://dx.doi.org/10.1055/s-0032-1326259
Endoscopy 2013; 45: E118
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

**Corresponding author**

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

Weeks J et al. A gastro-gastric fistula with *H. pylori* and *G. lamblia*... Endoscopy 2013; 45: E118