A 71-year-old man was treated for vomiting and abdominal pain in the last eight days. He had a history of uncomplicated duodenal ulcer with *Helicobacter pylori* eradication two years ago, hypertension, and smoking up to five years ago. He denied nonsteroidal antiinflammatory drugs (NSAID) use. Physical examination showed abdominal distension and increased bowel sounds. Laboratory tests yielded anemia, with all other parameters within normal limits (serum gastrin 105 pg/mL). Plain abdominal radiography revealed severe gastric distension (Fig. 1). Nasogastric aspiration showed undigested food remnants. After gastric cleansing, an upper gastrointestinal series demonstrated a stenosis distal to the bulb associated with a second duodenal portion ulcer (Fig. 2). Intravenous pantoprazole, total parenteral nutrition, and nasogastric suction were initiated. Later an upper endoscopy showed the known duodenal stenosis with benign characteristics, and an ulcer biopsy was documented as peptic ulcer. The urease test was positive and abdominal CT showed no additional pancreatic findings or adenopathies. The patient recovered tolerance to oral food, and *Helicobacter pylori* eradication was started. Clinical outcome was good with complete oral tolerance, and the patient was discharged 21 days after admission.

Gastric outlet obstruction is the least frequent peptic ulcer complication. Most cases are associated with duodenal or pyloric channel ulceration (1). There are many factors implicated in the development of gastric outlet obstruction: Edema, spasm, inflammation, and pyloric dysmotility. Initial treatment includes nasogastric aspiration, fluid and electrolyte replacement, and antisecretory agents. Although NSAID use is infrequently associated with this complication, a good clini-
cal outcome is reported when NSAIDs are discontinued (1). *Helicobacter pylori* eradication heals the ulcer, resolves the obstruction, and prevents ulcer recurrence (2). In patients who do not respond to initial therapy endoscopic balloon dilation may be attempted, and when this technique fails surgery is indicated (3,4).

REFERENCES