Enterocutaneous fistula complicating a duodenal bezoar: an unusual presentation

A 76-year-old woman presented with dyspepsia, nausea, epigastric pain, and watery to purulent discharge from a small opening localized over an old hydatid cyst surgery scar at midline, about 5 cm above the umbilicus. CT of the abdomen revealed an open wound in the upper abdomen centrally (A, arrowhead), with an underlying large hypodense area extending to the gallbladder fossa and containing an irregular 2.5-cm calcification (A, arrow). A fistulogram outlined a large enterocutaneous fistula (B, arrowhead) communicating with the apex of a distended duodenal bulb that contained an irregular, large, filling defect (B, arrow). EGD showed a large, stony, hard bezoar occupying the duodenal bulb; the opening of the fistula was seen with minimal superficial ulceration (C and D).
Exploratory laparotomy revealed perforation of the duodenum, which contained a large bezoar. Removal of the bezoar and primary closure of the duodenum then were performed. The bezoar consisted of a black-green, firm, ovoid structure that measured $4.5 \times 3.5 \times 1.5$ cm and weighed 230 g (E). Two weeks after surgery, upper-GI series showed normal opacification of the GI tract, with complete closure of the previously described duodenocutaneous fistula.

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