A 73-year-old woman was investigated for epigastric pain. Her medical history included coronary heart disease, which was being treated with aspirin 100mg once daily. Esophagastroduodenoscopy revealed severe inflammation of the antrum and prepyloric region. There was pronounced edema of the pylorus, partially occluding the passage into the duodenal bulb and descending part of the duodenum, both of which showed normal mucosa. No peptic ulcer was identified and biopsy specimens were negative for *Helicobacter pylori*. A double contrast study of the stomach demonstrated a filiform pyloric stenosis and a single orifice with no gastroduodenal fistula (Fig. 1). Endosonography with sampling for histological examination was carried out to exclude malignancy, and acid suppression therapy was started. A follow-up endoscopy after 3 months showed resolution of the mucosal inflammation. Inspection of the pyloric region now revealed a triple pylorus (Fig. 2). All three orifices were lined by normal gastroduodenal mucosa and allowed free passage into the duodenum (Video 1). The patient was asymptomatic and reported no signs of delayed gastric emptying. Antacid therapy with proton pump inhibitors was continued and 1 year later, the patient is doing well.

**References**


**Bibliography**

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