

Duodenocaval fistula

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A series of follow-up computed tomography and magnetic resonance imaging (MRI) features of duodenocaval fistula (DCF) were reported recently. CT and MRI are of diagnostic significance and should be chosen as a first-line investigation for diagnosis of DCF.

Duodenocaval fistula (DCF) is an uncommon but lethal clinical entity. The high mortality has been attributed to the difficulty of diagnosis before attempts at definitive therapy.

A case report and review of literature to be published on May 14, 2010 in the [World Journal of Gastroenterology](#) addresses the diagnostic significance of computed tomography (CT) and [magnetic resonance imaging](#) (MRI) for DCF.

During a 2-mo stay in hospital, a small, low-density air bubble appeared in the inferior vena cava (IVC) and gradually enlarged on follow-up CT scans. MRI clearly demonstrated the high-signal enteric contrast medium or thrombus and signal-void air bubbles in the IVC. However, cavography did not reveal the thrombus in the IVC. The authors deemed that the thrombus was flushed out by the high-pressure injection of intravenous contrast medium. Noninvasive CT and MRI are suggested as a first-line investigation for diagnosis of DCF.

More information: Guo Y, Zhang YQ, Lin W. Radiological diagnosis of duodenocaval fistula: A case report and literature review. *World J Gastroenterol* 2010; 16(18): 2314-2316
www.wjgnet.com/1007-9327/full/v16/i18/2314.htm

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