An eighty-two years old man presented for gastric pain and vomiting. He presented chronic gastric pain treated symptomatically and was great smoker. Upper endoscopy showed a duodenal ulcer with endoscopically impassable stenosis. Timed barium esophagogram was performed to evaluate the length of stenosis and the volume and gastric contractility before therapeutic decision. A large biliodigestive fistula was then objectified (figure 1) associated with opacification of all the biliary tree. Abdominal ultrasound showed aerobilia. Surgical treatment with antrectomy, vagotomy and cholecystectomy was successfully performed.

Disclosure of interest: the authors declare that they have no competing interest.