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Case Study

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CECAL DUPLICATION CYST-MIMICKING AS ACUTE APPENDICITIS: A RARE CASE REPORT

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ABSTRACT

Duplication cysts of the alimentary tract are very rare congenital anomalies. They occur most commonly in the ileum and are rare in the caecum. Multiple theories have been proposed, but no single theory explains the all known variants.[2] It can occur in any part of the gastrointestinal tract from oesophagus to anus and always occurs on the mesenteric side.[3] Duplication cysts are often confused as intussusception, appendicitis, or Meckel's diverticulum. [1] Surgery is the treatment of choice and this condition has an excellent prognosis. We report a case of caecal duplication that mimicked symptoms of acute appendicitis. Diagnosis of cecal duplication cyst was confirmed on histopathology.

KEYWORDS: Cecum, duplication cyst, intussusception.

CASE HISTORY

24-year-old male with no known comorbidities presented with pain abdomen of one day duration. Pain was insidious in onset and gradually progressive, initially in the centre, later shifted to the right iliac fossa, associated with anorexia and one episode of vomiting.

On examination vitals were stable, tenderness present in right iliac fossa with rebound tenderness at Mc Burney's point. USG Abdomen suggestive of a peristaltic, non-compressible elongated structure with a diameter of 9mm, possible diagnosis of Acute Appendicitis.

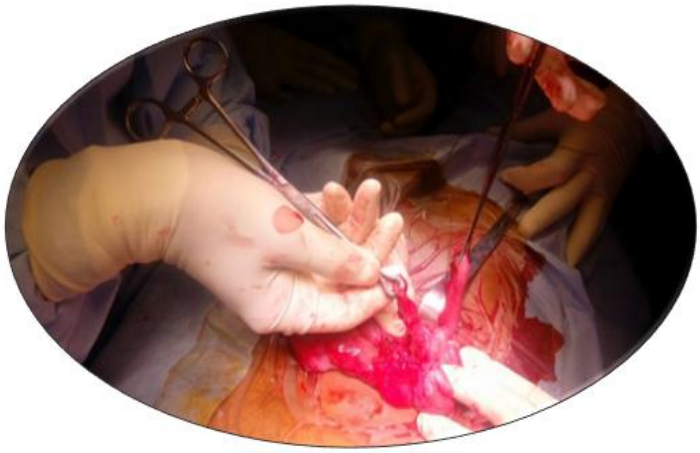
The patient was suspected as a case of acute appendicitis and an open appendectomy was planned.

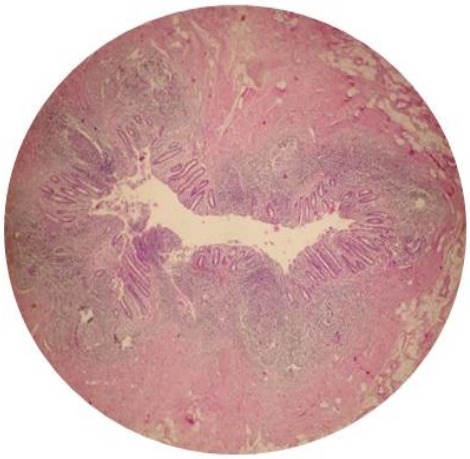
Per op two tubular structures originating from the caecum at 12 and 6 o clock positions were seen. One of the two tubular structures showed signs of inflammation. Both the tubular structures were dissected, removed, and sent for histopathological examination.

Histopathology examination identified them as

1. Histologically normal vermiform appendix.
2. Caecal duplication with Inflamed duplicated segment.

Post op period recovery was uneventful.





DISCUSSION

Duplication cysts of the alimentary tract are very rare congenital anomalies, about 1 in 4500 births. Caecal duplications are even rarer as only 19 cases have been reported in the English literature. Eighty percent of these cases present in the first 2 years of life, but it has also been reported in adults. The most frequent location for a duplication cyst of the intestinal tract is the region of terminal ileum and ileocecal valve. They are also associated with other congenital malformations such as vertebral and urogenital abnormalities.[4]

The clinical and radiological preoperative diagnosis of the duplication cyst is difficult due to variation in the signs and symptoms like abdominal distension, vomiting, palpable abdominal mass, bleeding, and rarely urinary hesitancy. The most common imaging modalities to diagnose duplication cysts are ultrasonography. But, nowadays, diagnostic laparoscopy is widely used. Ultrasonography shows characteristic echogenic inner mucosal layer and hyperechoic outer muscular layer. CT or MRI scans may also be used. Pathological evaluation of the enteric cysts is the mainstay of diagnosis. Gross and microscopic appearance showing mucosa, submucosa, muscularis, and serosa are the typical features. Good sectioning of the cyst wall with the attached bowel helps in ruling out the malignant changes. Complications include perforation, intussusception, bowel obstruction, volvulus, and associated malignancy. Various surgical procedures have been employed to deal with such lesions. Resection is the treatment of choice with an excellent outcome.[5]

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