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Case Report

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ENTERIC DUPLICATION CYST

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INTRODUCTION

Enteric Duplication cysts are an uncommon congenital abnormality.

They can occur anywhere along the digestive tract on the mesenteric side. The small intestine is commonly involved, most common site being the ileum followed by jejunum and duodenum.

Most duplication cysts manifest during the first year of life although some occasionally manifest in older patients.

Children can present with a variety of symptoms including abdominal distention, vomitting, bleeding ,a palpable abdominal mass and rarely with complaints of urinary frequency and hesitancy.

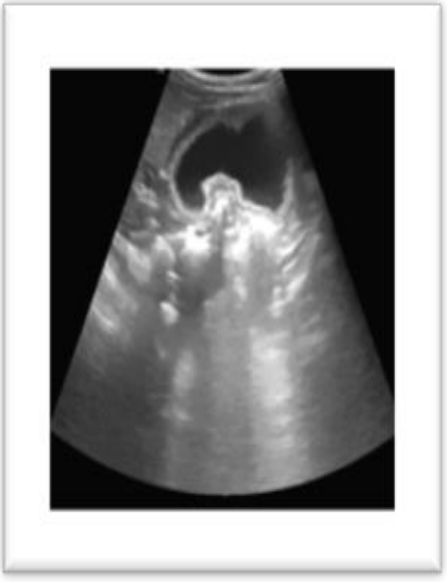
Complications include perforation, intussusception, bowel obstruction, volvulus and associated malignancy.

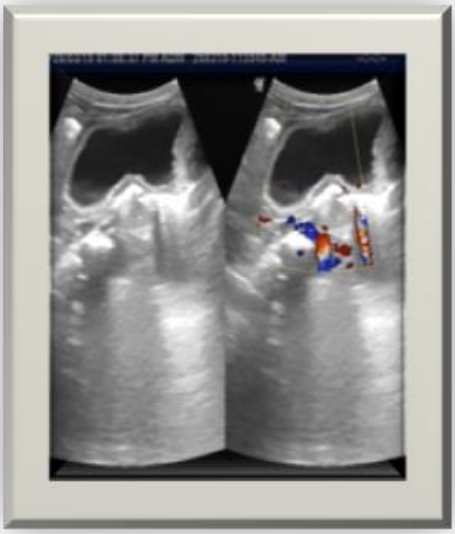
CASE REPORT

Case report of a 1 year old female child who presented to the surgery OPD with chief complaints of black coloured stools since 20 days. Her laboratory findings demonstrated severe anaemia which was corrected after blood transfusion.

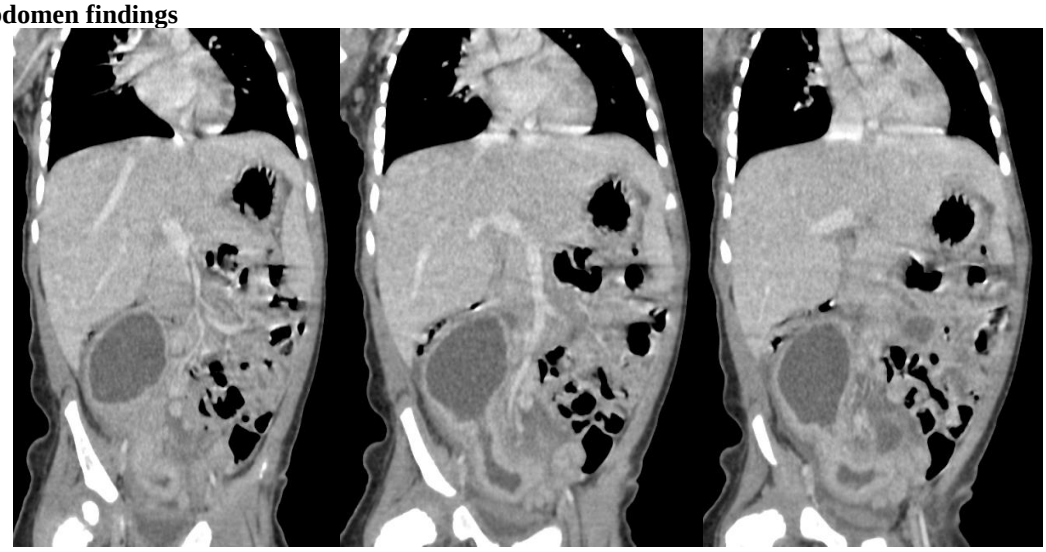
IMAGING FINDINGS

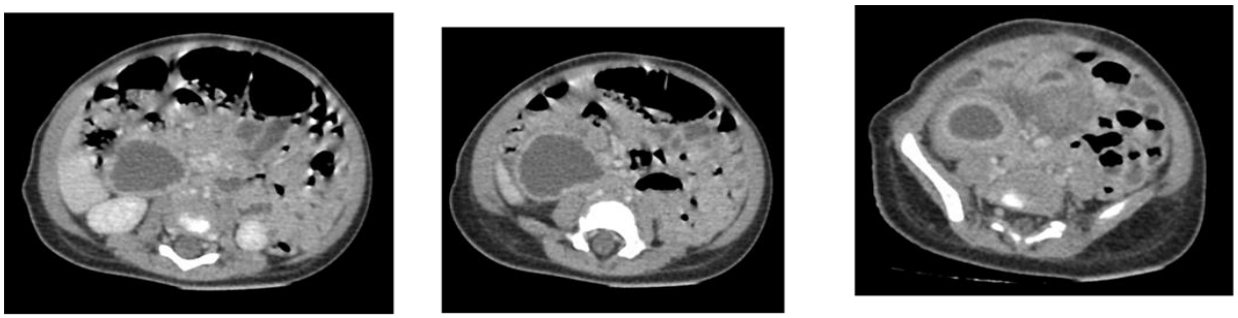
USG showed presence of a hypo-anechoic round mass with slightly thickened walls with a layered appearance – "gut signature".





CECT Abdomen findings

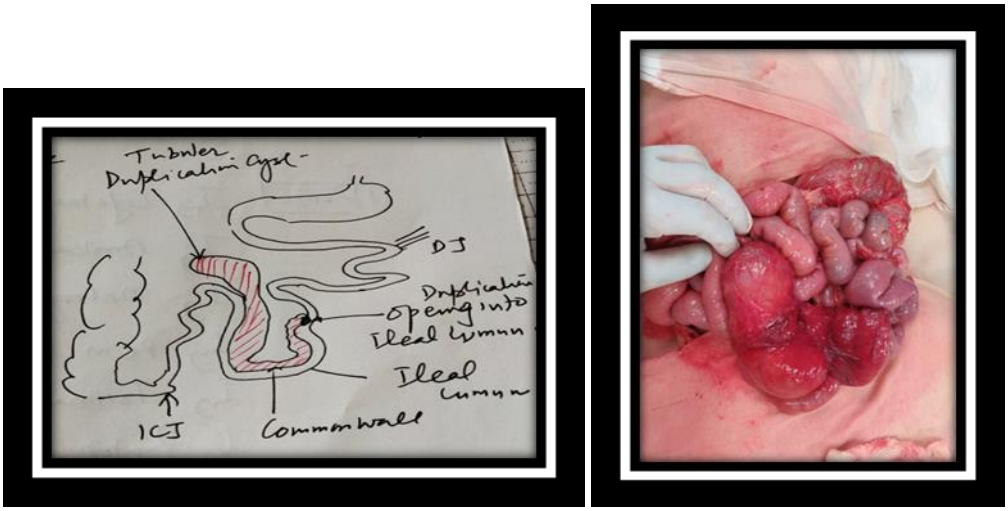




Large well defined cystic lesions with thick enhancing wall and tubular extension having suspicious communication with adjacent bowel loops -possibility of Gut Duplication cyst

Intra-Operative Findings

Long tubular ileal duplication cyst sharing common wall with ileum extending for length of 20 to 25 cm starting approximately 30 cm proximal to ileocecal junction. Distal end of duplication cyst is communicating with the ileum.



DISCUSSION

Enteric duplication cysts (EDC's) incidence is 1: 4,500 births. 0.2 % of all children.

Male predominance.

Occur between the 4^{th} and 8^{th} weeks of embryonic development.

With the widespread availability of antenatal diagnosis, EDC's are often diagnosed prenatally. Diagnosis is confirmed by histological examination.

EDC's tend to increase in size gradually and can cause symptoms and important complications that might be fatal such as obstruction, massive bleeding.

Early excision is associated with less morbidity and a shorter length of stay compared to excision in symptomatic patients.

CONCLUSION

Enteric duplication cysts occur commonly in the small bowel. They communicate only rarely with the intestinal lumen although the cysts are attached to the intestine and may even share a common wall with the adjacent gut wall. These lesions can vary in shape , being cystic or tubular and often show the same structure of the adjacent normal bowel. When enteric duplication cyst lesion is diagnosed it should be surgically resected to avoid future possible complications.

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