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NON COMMUNICATING ENTERIC DUPLICATION CYST : CASE REPORT

General Surgery

Dr. Priyanka Pant* PG Resident Department Of General Surgery, Vivekanada Institute Of Medical Sciences, Ramakrishna Mission Seva Pratishthan, Kolkata, West Bengal, *Corresponding Author

Prof.(Dr.) Samindra Nath Basak Professor, Department Of General Surgery, Vivekanada Institute Of Medical Sciences, Ramakrishna Mission Seva Pratishthan, Kolkata, West Bengal,

ABSTRACT

A 16 year old adolescent boy with painless abdominal distension. Computed Tomography showed large multiloculated abdomino pelvic cystic lesion compressing adjacent structures without any communication to the stomach, pancreas, small and large gut.

KEYWORDS

Computed Tomography, cyst, congenital enteric duplication,

INTRODUCTION

Enteric duplication cysts are uncommon and rare congenital malformations formed during embryological development, common in children but seldom encountered in adolescents or adults. They are located on the mesentric side and share a common blood supply and muscular coat with the adjacent structure but mucosal layer is seperate.

CASE REPORT

A 16 year old boy presented with gradual, painless, generalised abdominal distension for 1 month without any other complaints. The medical and surgical history was unremarkable. The blood investigations were also within normal limits. Ultasonogrpahy of whole abdomen was done which revealed huge cystic sol 30cm*20cm with multiple internal septae and echogenic material within few loculi (Fig.1). Contrast Enhanced CT scan revealed large multiloculated abdomino pelvic cystic lesion compressing adjacent structures without any communication to the stomach, pancreas, small and large gut (Fig.2). Provisional diagnosis of mesentric cyst was made, laparoscopy was done by creating port using hasson's method and abdominal cavity visualised which revealed a large cystic mass covering whole of the abdomen the extent of which could not be appreciated even after aspirating 3 liters of amber colored fluid. Laparotomy done which revealed an isolated mass, hanging from the greater curvature of stomch , taking its blood supply from short gastric vessels as well as right and left gastro epiploic vessels. Cyst has no communication with the stomach as well as other surrounding stuctures. Grossly the specimen was smooth with reddish texture and on opening amber colored fluid came out, with smooth inner surface. Histopathology revealed cyst wall lining of gastric mucosa with smooth muscle layer without any evidence of malignancy. Final diagnosis of Enteric duplication cyst was made.

DISCUSSION

Enteric duplication cysts are rae and uncommon congenital malformations, can occur anywhere in the GI tract but by definition are located on the mesentric side of the gut sharing a common blood supply lined with smooth muscle with mucosa resembling the mucosa of gastrointestinal tract. Although exact aetiology is unknown,proposed theories are split notochord (currently most favoured), partial twinning, persistent embryological diverticula or aberrant luminal re-canalization[1]. most common site for duplications was ileum, accounting for over 60% of cases[2]. commonly encountered in infancy or childhood with obstruction or a palpable mass but can present in adults as well at times with symptoms due to haemorrhage or malignant transformation[3]. Ultrasonography shows hypoechoic mass with strong posterior wall echoes and good through transmission due to clear fluid content or an echogenic mass due to hemorrhage and inspissated material within the cyst[4]. CT scan typically demonstrates duplication cyst as a thick-walled cystic lesion with enhancement of the inner lining. Calcification is occasionally observed on CT [5].

Figure 1. USG shows huge cystic sol 30cm*20cm with multiple internal septae and echogenic material within few loculi.

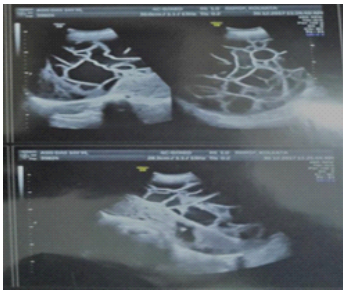
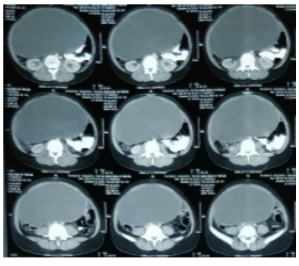
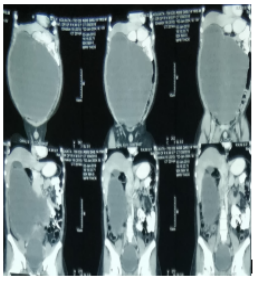


Figure 2 - Contrast Enhanced CT scan revealed large multiloculated abdomino pelvic cystic lesion compressing adjacent structures without any communication to the stomach, pancreas, small and large gut





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