

Infant with ileal duplication cyst and ectopic gastric mucosa

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Background:

Intestinal duplications are congenital anomalies that may occur throughout the gastrointestinal tract with an incidence of 1/4500 live births. The duplications are often located on the mesenteric side of the bowel and can either be cystic or tubular. Therefore, they most often appear as mesenteric cysts on radiology imaging. Most intestinal duplications are diagnosed within the first two years of life, either as accidental findings or they present as abdominal pain and intestinal obstruction. Surgically treated intestinal duplications have a good prognosis.

Case presentation:

A male newborn was prenatally diagnosed with an intra-abdominal cyst by fetal ultrasound at 20 weeks of gestation and confirmed by a magnetic resonance scan (MR). The cyst (34x30 mm) showed no communication with the adjacent intestine. The child was delivered at full gestational age and without any symptoms. Over the following months, subsequent ultrasonographies demonstrated no significant changes in cyst size, until the seventh month, when a sudden increase in cyst size (42x70 mm) was confirmed by MR, indicating the need for surgical intervention. Elective surgical resection of the cystic formation was performed even though asymptomatic. During laparoscopic exploration, the cystic formation was inseparable from the adjacent bowel, initiating the resection of 4 cm of the small intestine with the cystic formation. Histologically, the diagnosis of cystic intestinal duplication with ectopic gastric mucosa was confirmed. The patient had an uneventful postoperative recovery with a two-year follow-up period.

Conclusion:

A rare form of intestinal duplication cyst with ectopic gastric mucosa is a possible differential diagnosis in children with prenatal abdominal cysts, and complete surgical removal before developing symptoms is the treatment of choice.