

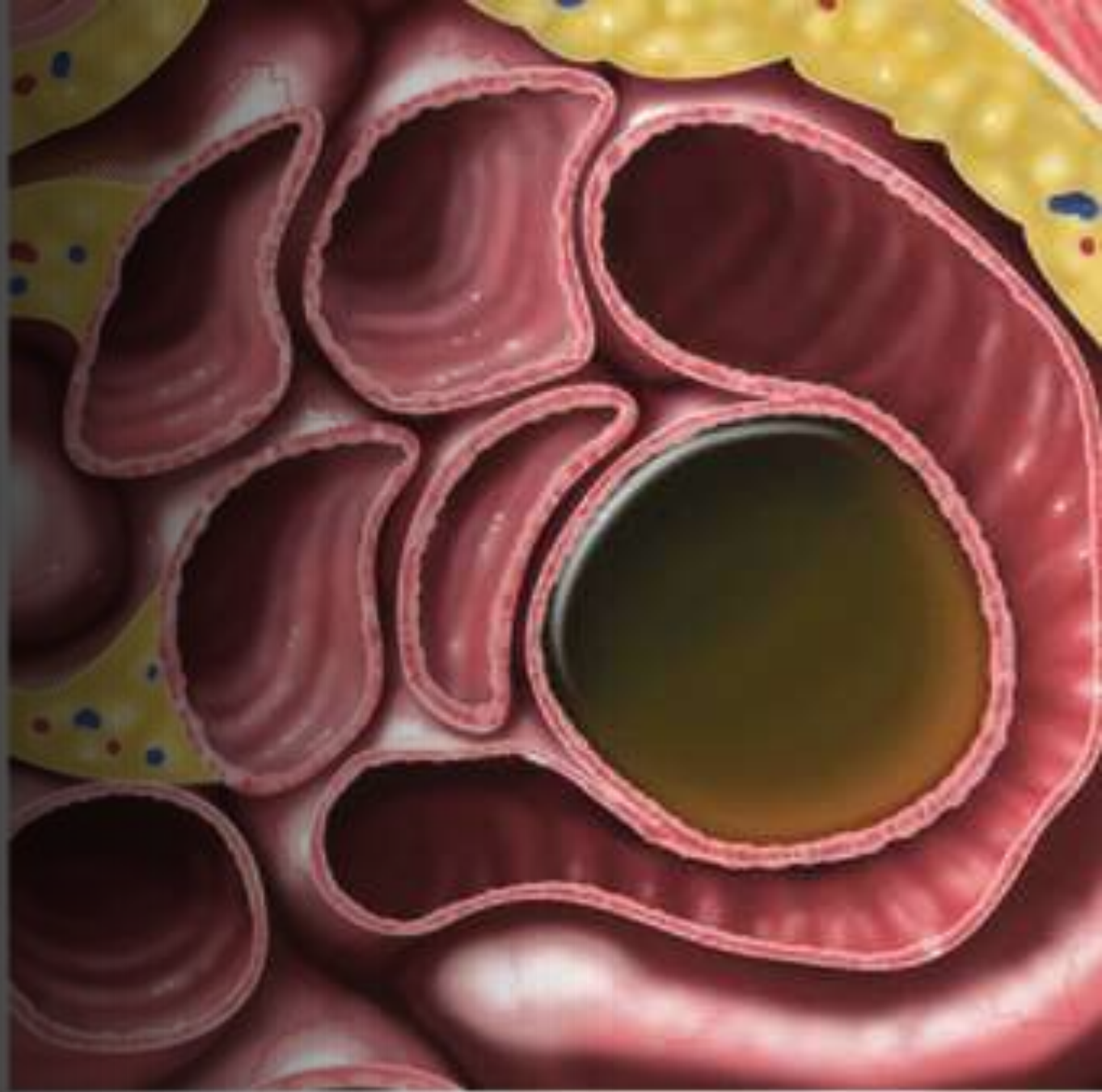


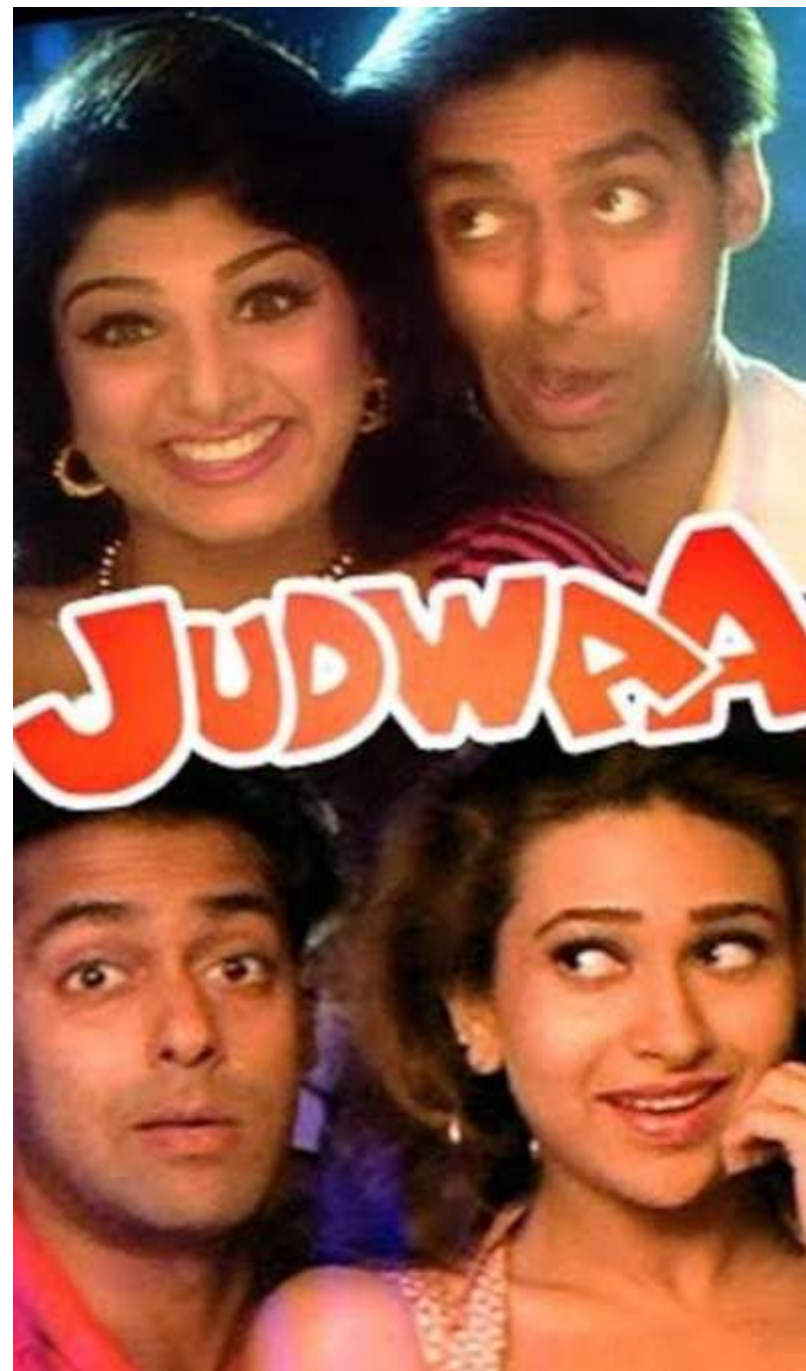
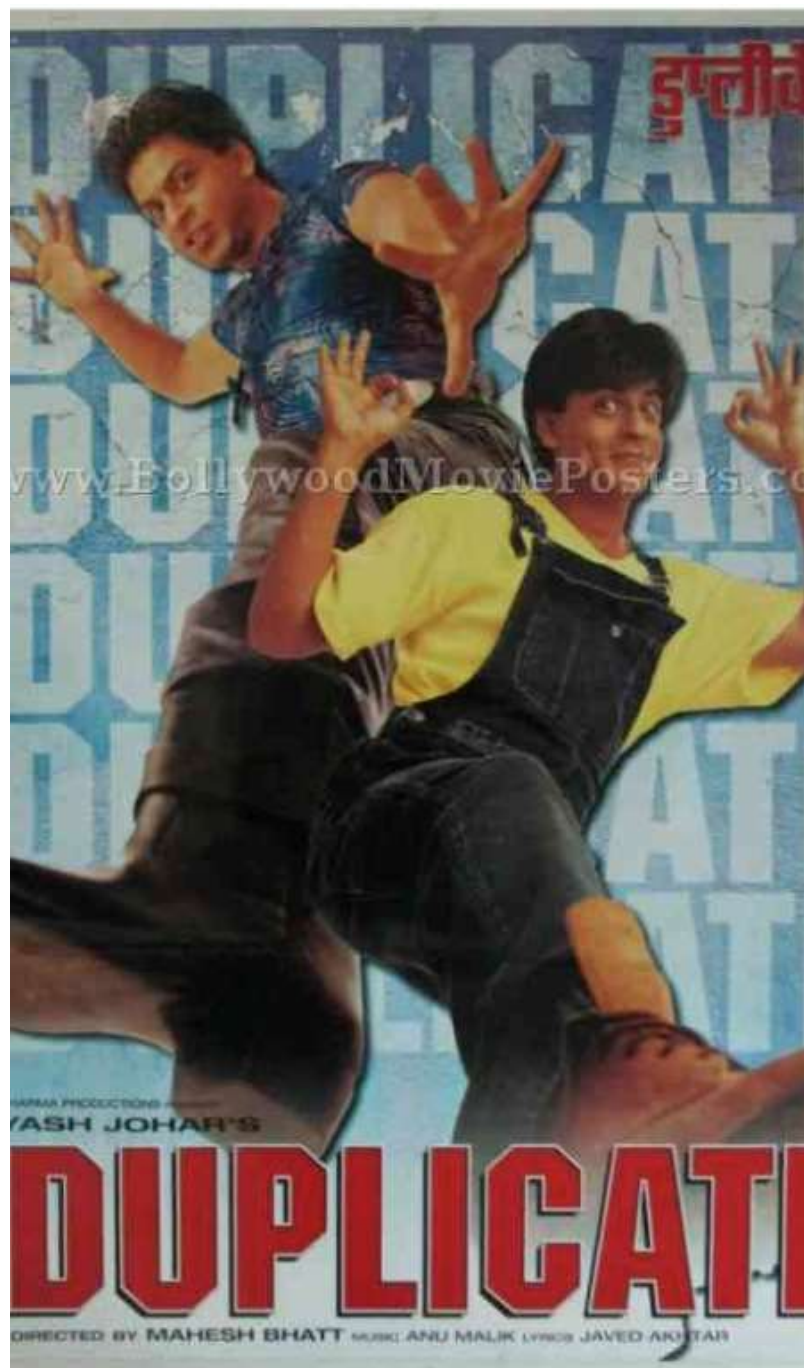
# DUPLICATION IS ALWAYS A PROBLEM

PRESENTER: DR. VERNIKA GUPTA

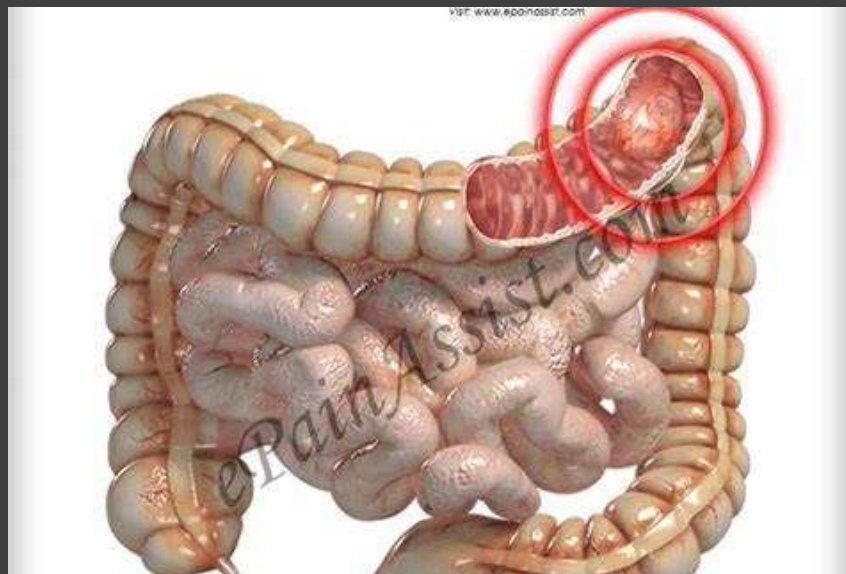
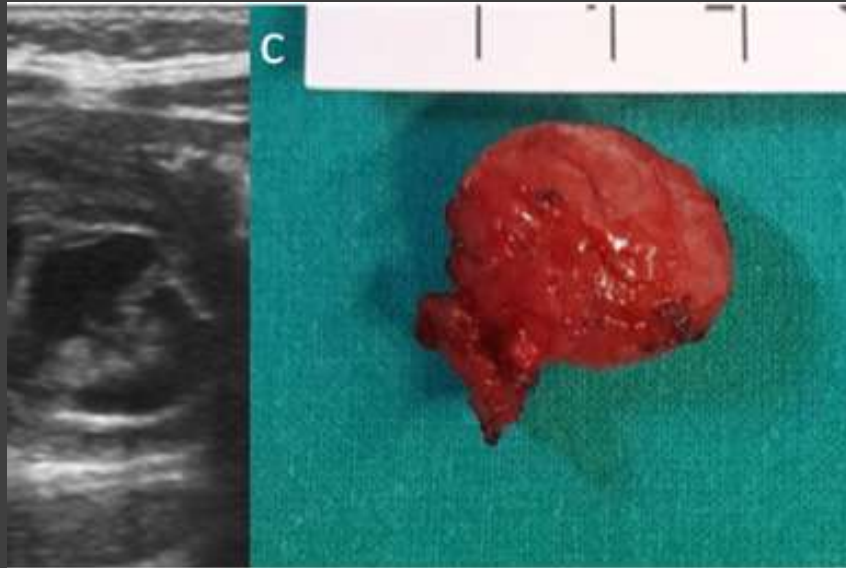
DEPARTMENT OF PAEDIATRIC SURGERY

Dr D. Y. Patil Hospital, Pimpri





# ENTERIC DUPLICATION CYST





# ENTERIC DUPLICATION CYST

- Rare congenital anomaly
- 1 in 4500 births
- M>F
- Cause ??????
- M/C Symptomatic – 1<sup>st</sup> 2 years, Adults-Asymptomatic
- C/F – ??????

✓ Location

✓ Size

✓ Type



**Challenging  
Diagnosis!!!**

# CASE PRESENTATION

1 Yr/M

Chief complaints

Acute epigastric pain, ↑ food intake, ↓ lying down

Vomiting (non-projectile, non-bilious, gastric contents, 2-3/day)

Low-grade fever

No similar complaints in the past.

O/E: Temp – 99 F, PR – 100/min

P/A:

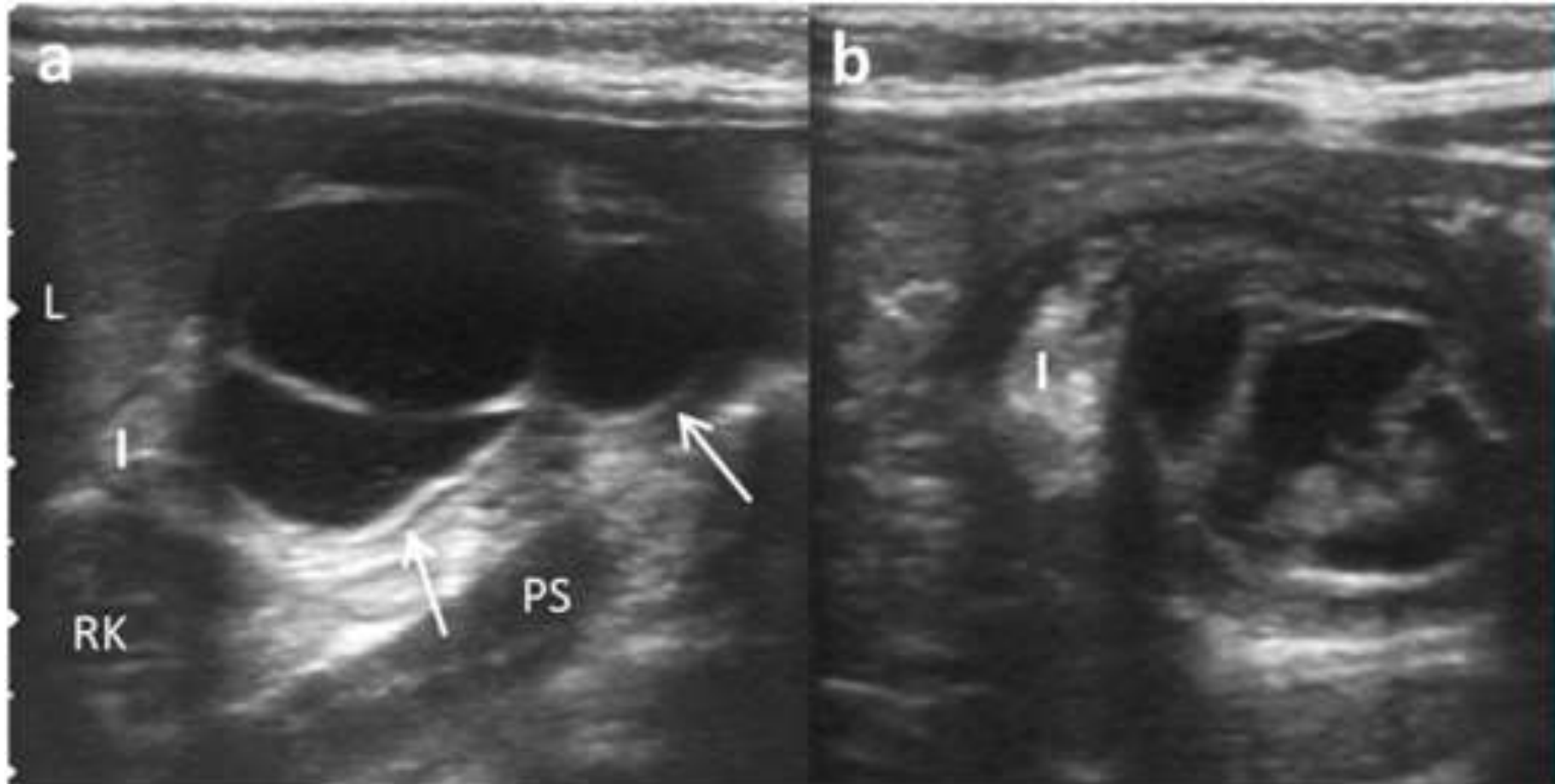
Soft, Non-tender

palpable mass in the epigastric region

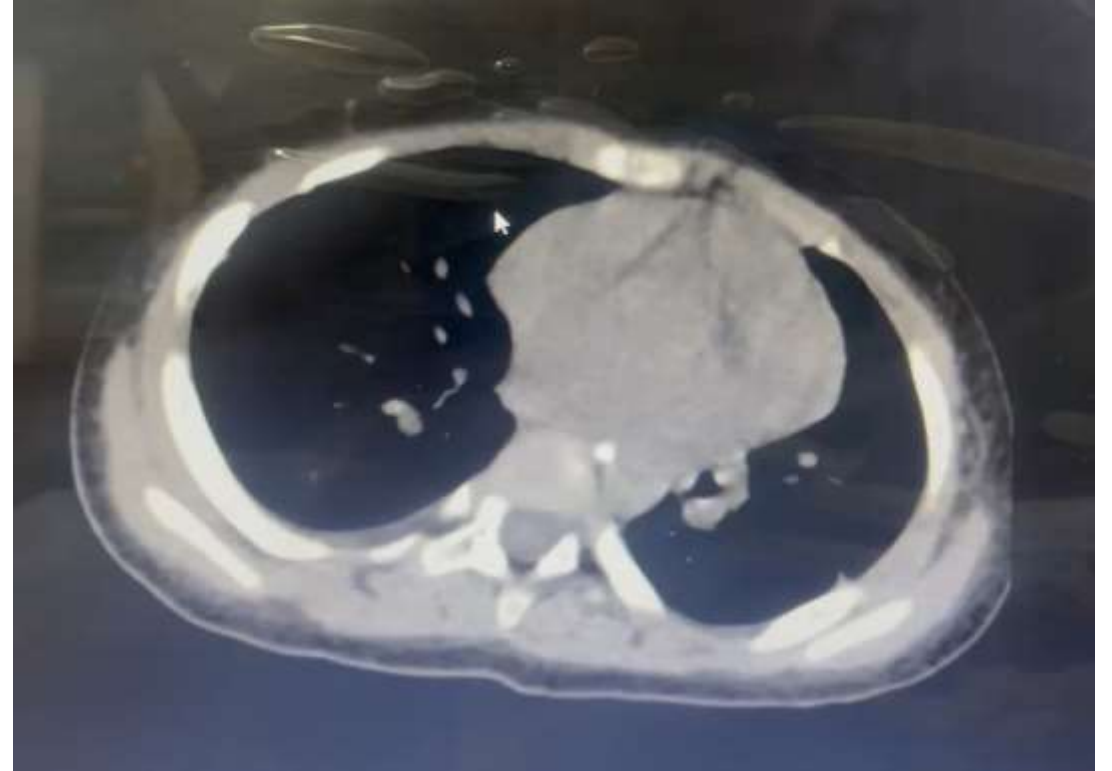
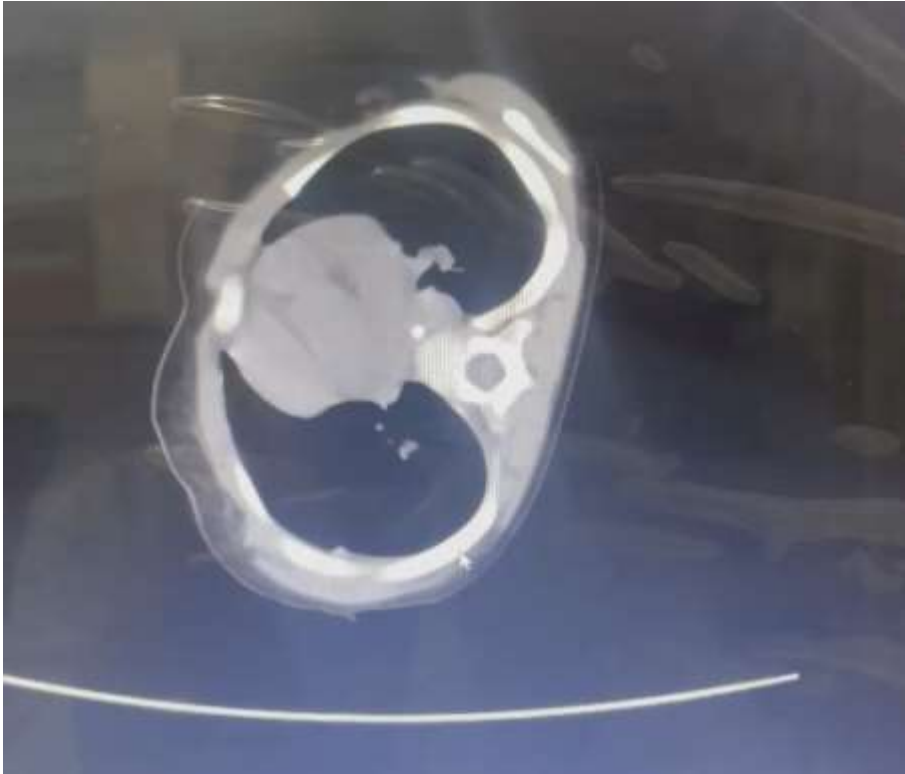
bowel sounds present



# ULTRASONOGRAPHY FINDINGS



CECT FINDINGS



EXPLORATORY LAPAROTOMY

```
graph TD; A[EXPLORATORY LAPAROTOMY] --> B[SOS BIOPSY AND PROCEED];
```

SOS BIOPSY AND PROCEED

PLANNED FOR



# INTRAOPERATIVE FINDINGS



**Cyst removed completely**

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**POST  
OPERATIVE  
PERIOD**

Uneventful

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No complications

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POD-5 Full diet

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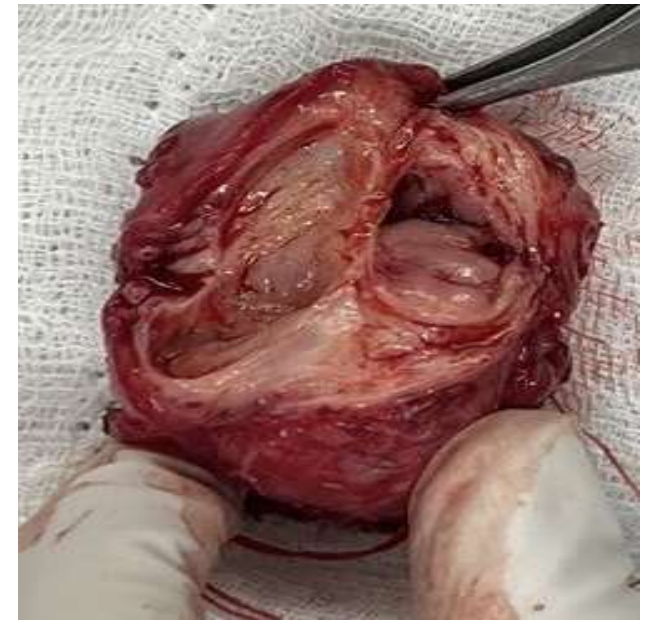
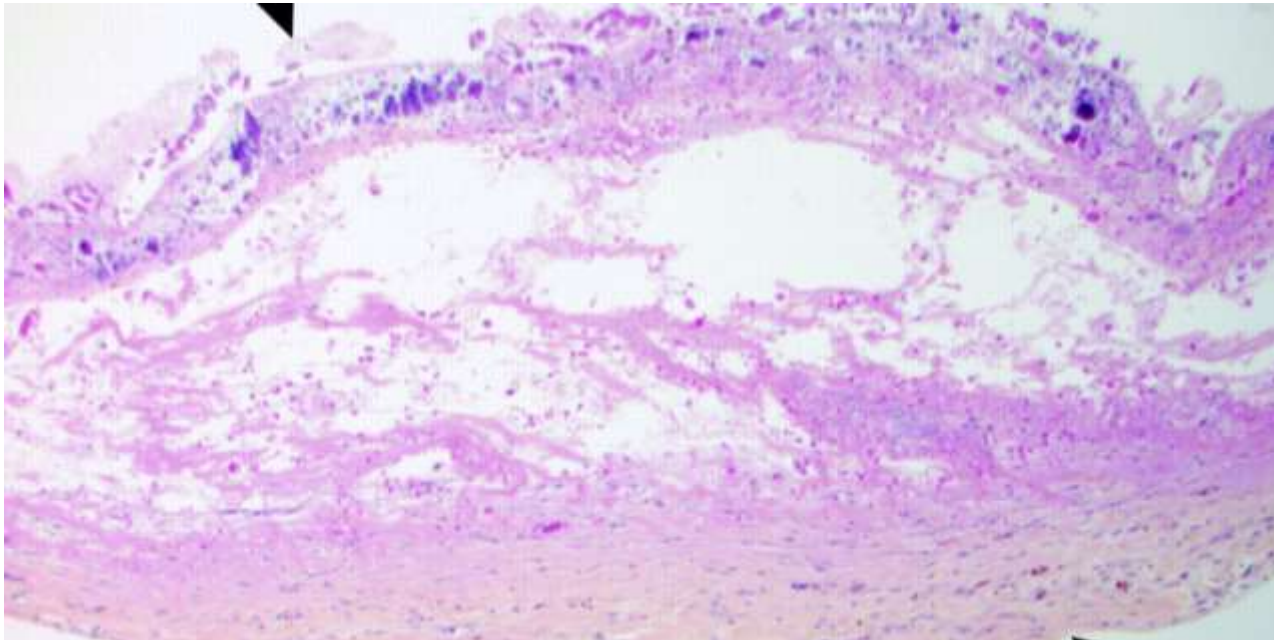
POD-8 Discharge

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## HISTOPATHOLOGY:

### Gross examination:

A nodular lesion of 4.2\*3.2\*2.5 cm.



Cut a section of cyst after removal

### Microscopy

HPE: Enteric duplication cyst like lesion with hamartomatous component.

# DISCUSSION

## Type

- cystic (80%)
- tubular (20%)

## Etiology

- split notochord (most accepted)
- partial twinning
- persistent embryological diverticula
- aberrant luminal recanalization.

## Arising from

- ileum(60%)
- pyloroduodenal,
- colonic,
- rectal region.

# CLINICAL FEATURES

abdominal pain

nausea

vomiting

bleeding

abdominal  
distension

intussusception

obstruction

abdominal  
mass

# DIFFERENTIAL DIAGNOSIS

volvulus

Intussusceptions

mesenteric cyst

omental cyst

pancreatic pseudocyst

choledochal cyst

Lesser sac teratoma

infantile hypertrophic pyloric stenosis.

CLINICAL

RADIOLOGICAL

-USG

-CECT

-MRI

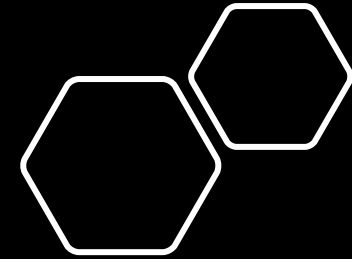
-EUS

CONTRAST  
STUDIES

MULTIDISCIPLINARY  
APPROACH

SURGICAL

PATHOLOGICAL



# CONCLUSION

VARIOUS CLINICAL FORMS

```
graph TD; A[VARIOUS CLINICAL FORMS] --> B[CHALLENGING DIAGNOSIS]; B --> C[RADIOLOGICAL FINDING/ INTRAOPERATIVE FINDING/ HISTOPATHOLOGICAL FINDING]; C --> D[SIGNIFICANT MORBIDITY/MORTALITY IF LEFT UNTREATED];
```

CHALLENGING DIAGNOSIS

RADIOLOGICAL FINDING/ INTRAOPERATIVE  
FINDING/ HISTOPATHOLOGICAL FINDING

SIGNIFICANT MORBIDITY/MORTALITY IF LEFT  
UNTREATED



THANK YOU

WE'RE  
MAKING  
progress

@RETHINKRUBBISH

LET'S MAKE  
SOME MORE