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Case Report

Caecal duplication cyst: rare case report with review of literature

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ABSTRACT

Duplication cysts of the alimentary tract are very rare congenital anomaly. Out of all these cases, two-thirds of them manifest before the age of 2 years. They are common in ileum, but very rare in cecum. We hereby report a case of 6 years female child presented in paediatric surgery department with abdominal pain, diagnosed as duplication cyst with intussusceptions.

Keywords: Caecal duplication cyst, Alimentary tract, Congenital anomaly

INTRODUCTION

Duplications of the alimentary tract are very rare malformations which vary in size, appearance, location, and symptoms.[1] Multiple theories have been proposed, but no single theory explains the all known variants. Majority occurs in ileum, but is very rare in cecum. The incidence is around 1 in 4500 births. Majority of them are present in the first 2 years of life.[2]

CASE REPORT

A 6-year-old female, with no history of chronic illness came to Pediatric Surgery Outpatient Department with complaints of vague abdominal pain. There was no history of vomiting, abdominal distension fever or diarrhea. On examination, abdominal tenderness was noted in the umbilical region. No palpable mass. No bleeding per rectum. Laboratory findings showed complete blood count parameters and serum electrolytes in normal range.

Ultrasonography of abdomen reveals cystic lesion of 6×4 cm size swelling in the infraumbilical and right iliac fossa region with gut signature sign duplication cyst.

Contrast enhanced computed tomography (CECT) abdomen reveals ileocolic intussusception caecal duplication cyst as lead point.

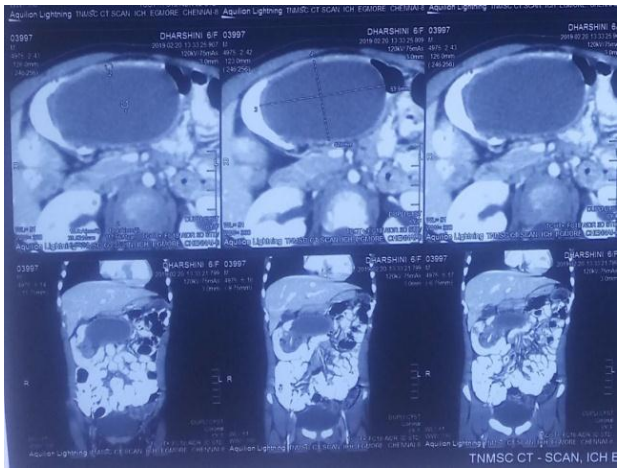

Figure 1: CECT Abdomen reveals cystic lesion in caecum duplication cyst with intussusception.

Laparotomy was done. Findings of ileo colic intussusception noted caecal duplication cyst as lead

point reduction of the intussusceptions was done. Caecal duplication cyst of size 4×3×2 cm in size sharing the common wall from the caecum. Resection of the terminal ileum with caecum, end to end anastomosis was done.

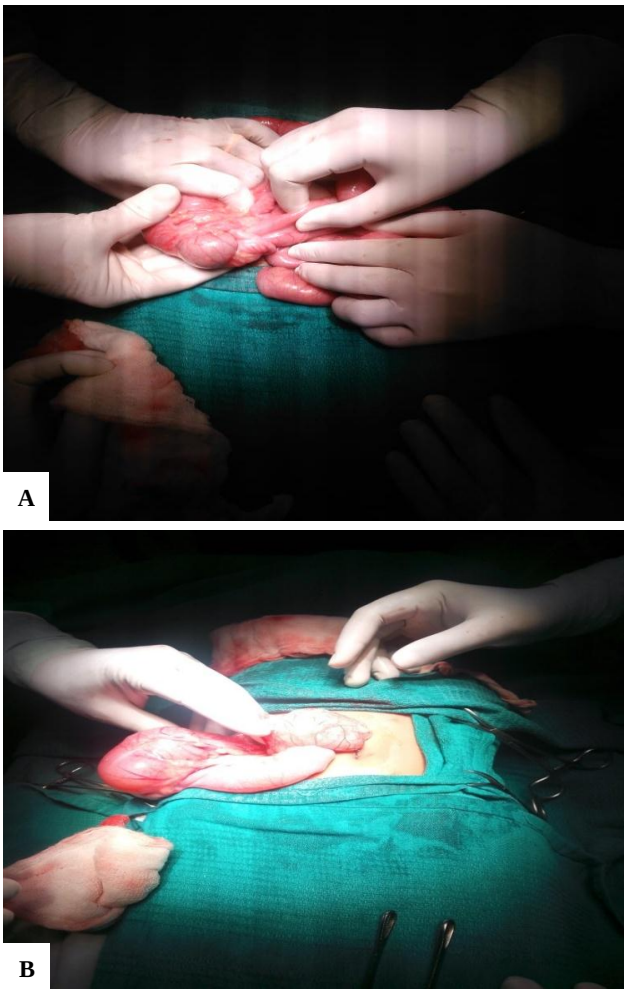

Figure 2 (A and B): Intussusception and caecal duplication cyst.

DISCUSSION

The congenital intraabdominal cysts are classified as lymphatic or chylous cysts, enterogenous cysts, urogenital cysts, dermoid cysts. They are rare congenital anomalies that can occur anywhere in the gastrointestinal tract from mouth to anus on the mesenteric side.[3]

This case was first reported by Coider in 1733. William E Ladd in 1937 used the term "duplications of alimentary tract." In 1941, Ladd and Gross reported 18 such cases while in 1953 Gross reported 68 such cases.

Colonic duplications are rare (13%). Cecal duplications are even rarer as only <19 cases have been reported in the English literature. Eighty percentage of these cases present in the first 2 years of life, but it has also been reported in adults.[4]

Duplications of the intestine are rare. The biggest series one of only 67 cases was published by Gross. The collection of cases took nearly 30 years. Half of the duplication occurs in the ileum making cecum a very rare site for duplication cysts to occur.[5,6]

CONCLUSION

Duplication cysts are to be considered in the differential diagnosis in neonates and children who present with acute pain and with or without palpable abdominal mass.

Whereas the ultrasound is the best preoperative diagnostic tool and thorough histopathological examination is the best confirmative method of diagnosis. Resection is the treatment of choice with an excellent outcome.

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