

# Wadia Journal of Women and Child Health

## Clinical Image

# Communicating tubular ileal duplication cyst

Pradnya S. Bendre<sup>1</sup> , Arka Banerjee<sup>1</sup>

<sup>1</sup>Department of Pediatric Surgery, Bai Jerbai Wadia Hospital for Children, Mumbai, Maharashtra, India.

### \*Corresponding author:

Arka Banerjee,  
Department of Pediatric  
Surgery, Bai Jerbai Wadia  
Hospital for Children, Mumbai,  
Maharashtra, India.

[arkabanerjee6989@gmail.com](mailto:arkabanerjee6989@gmail.com)

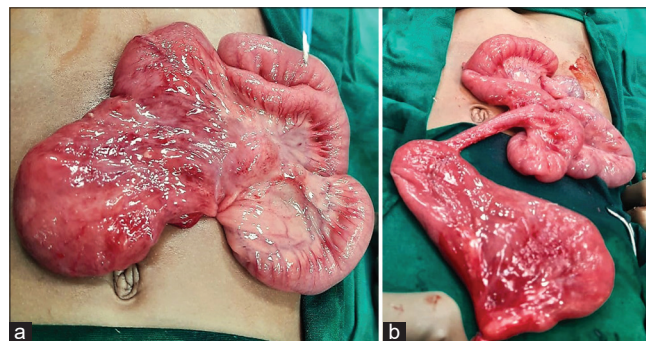
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A six year old boy presented with right iliac fossa pain and was found to have a palpable lump in the right lower quadrant. Ultrasound showed a complex cystic mass in the right lower abdomen, raising the suspicion of an appendicular lump. Surgical exploration confirmed the presence of a tubular duplication cyst of the ileum, which was resected successfully.

Enteric duplication cysts (EDCs) are seen in 0.2% of children (1 in 4500 live births) and show slight male preponderance.<sup>[1]</sup> Frequently observed in the terminal ileum, EDCs have a gastrointestinal (GI) mucosal lining (ectopic gastric tissue in 20–30%), a layer of smooth muscle tissue, and a common blood supply with the GI tract [Figure 1]. EDCs characteristically arise from the mesenteric border of the intestine and can be cystic (Type 1 seen in 79% of cases) or tubular (Type 2 seen in 21% of cases).<sup>[2]</sup> Prenatal ultrasound can identify around 20–30% of EDCs. About 80% of EDCs present within first 2 years of life with abdominal pain, vomiting and abdominal distension, asymptomatic palpable mass or rectal bleeding. Ultrasonography demonstrates a hollow structure with anechoic content, an intimal connection with the nearby intestine (“Y-configuration” of the common muscular wall), and “gut sign” (hyperechoic mucosa and hypoechoic smooth muscular



**Figure 1:** (a) Ileal duplication cyst in a 6 year-old boy with palpable lump in the right lower quadrant (b) Surgical exploration confirmed the presence of a tubular EDC with well-developed communication with the ileal loop.

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tissue). Surgical treatment entails complete excision with closure of defect or segmental resection with anastomosis.

#### **Declaration of patient consent**

Patient's consent not required as patient's identity is not disclosed or compromised.

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#### **Conflicts of interest**

There are no conflicts of interest.

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