Hydatid cyst-like intra-abdominal esophageal duplication cyst in an endemic region

Endemik bölgede kist hidatiği taklit eden intraabdominal özefageal duplikasyon kisti

To the Editor,

Esophageal duplication cysts (EDCs) are rarely encountered congenital disorders of the foregut, accounting for 10%-15% of duplications of all foregut cysts. Up to 80% of EDCs are diagnosed in childhood. The majority of patients develop symptoms in the adolescence period, whereas symptomatic cysts are rarely encountered in adulthood (<7%)(1). In endemic regions, it may be difficult to distinguish intra-abdominal EDCs from hydatid cysts. We present a rare case of hydatid cyst-like intra-abdominal EDC in a young female patient.

An 18-year-old female patient with dyspeptic complaints for the last four months was admitted to our clinic. The computed tomography (CT) scan showed a hypodense lesion (cyst arising from the liver) with a density of 20 Hounsfield units (HU), and after intravenous contrast agent (IVCA) administration, no appreciable contrast was observed in any phase. The lesion was 42x36 mm adjacent to the hepatic caudate lobe, exophytic, and associated with the superior left hepatic lobe (Figure 1a,1b). Her upper gastrointestinal (GI) endoscopy and thoracic CT were normal. An indirect hemagglutination (IHA) test in the patient with a suspected hydatid cyst was negative. During surgical exploration under midline incision, an approximately 4 cm cystic mass, which was adjacent to the liver and lying intra-abdominally at the lower end of the esophagus, was demonstrated. Based on these findings, a duplication cyst was diagnosed. Histologically, the findings were consistent with the features of a duplication cyst.

Esophageal duplication cysts (EDCs) are usually found in the mediastinum, but rarely in the abdomen. Most esophageal cysts (60%) are found in the lower third (60%) of the lumen, and 90% of them do not communicate with the lumen (2).

Computed tomography (CT) scans and magnetic resonance imaging (MRI) are useful methods to exclude malignancy; however, these modalities

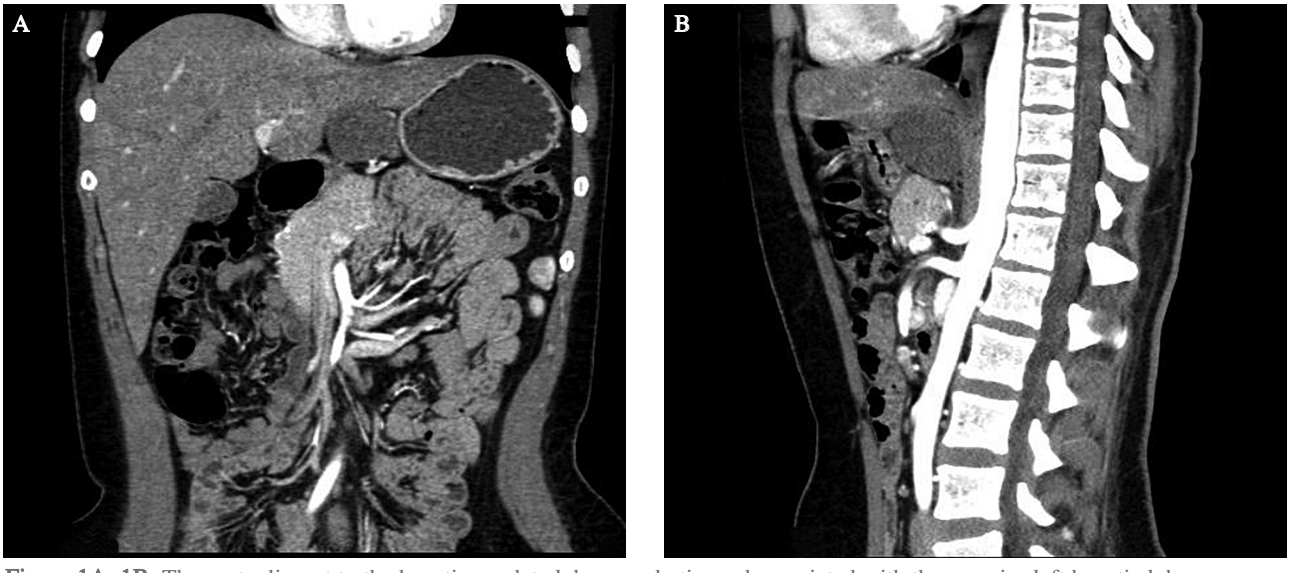

Figure 1A, 1B. The cyst adjacent to the hepatic caudate lobe, exophytic, and associated with the superior left hepatic lobe.

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Manuscript received: 07.12.2010 **Accepted:** 04.01.2011

doi: 10.4318/tjg.2011.0305

are not always reliable, as the attenuation values in CT and signal analysis in MRI are variable, depending on the cyst contents (3). Endoscopic ultrasonography and endoscopic evaluations can be used for diagnosis.

The first step in the differential diagnosis of intra-abdominal cysts is determination of its organ of origin. However, because of an overlap in imaging features of intra-abdominal cysts, histologic analysis is usually necessary to establish a diagnosis (4).

In the present case, the lesion was considered to be an exophytic hydatid cyst arising from the liver due to the localization of the lesion in the abdomen, adjacent to the left hepatic lobe. However, during the surgery, it was diagnosed as a duplication cyst upon observing its association with the esophagus. In conclusion, it should be kept in mind that this cystic mass may be an abdominal duplication cyst originating from the distal esophagus.

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Gastrointestinal stromal tumor presenting as dyspareunia

Ağrılı cinsel ilişki ile kendini gösteren gastrointestinal stromal tümör

To the Editor,

A 38-year-old female Caucasian who was married for eight years complained of dyspareunia, constipation and tenesmus for the last six months. She was examined for these symptoms by the family physician and sent to a gynecologist, who found a mass with a pressure effect on the posterior wall of the vagina during the bimanual examination. In the rectal examination, a 3x4x5 cm partly mobile firm mass with regular mucosa was detected on the anterior wall of the rectum within 2-3 cm from the dentate line. Except for a low hemoglobin-hematocrit level indicating a mild anemia, the laboratory tests were not noteworthy. Carcinoembryonic antigen (CEA) and other tumor marker levels were within normal values. Magnetic resonance imaging (MRI) of the pelvis indicated a 5x4 cm mass adjacent to the posterior vaginal wall, and colonoscopy revealed a mass protruding into the rectal lumen just above the anal canal without any destruction on the mucosa (Figures 1, 2).

Suspecting that the lesion might be a gastrointestinal stromal tumor (GIST), a Tru-cut biopsy, which has the least impact on mucosal integrity, was performed. The pathologic examination disc-

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Manuscript received: 16.10.2010 **Accepted:** 09.02.2011

doi: 10.4318/tjg.2011.0300