A rare manifestation of celiac disease: Mesenteric lymphadenopathy with cavitation

Çölyak hastalığının nadir görülen bir bulgusu: Kavitasyon gösteren mezenterik lenfadenopati

To the Editor,

A 33-year-old female presented with abdominal pain and diarrhea over the last four-month period. The physical examination revealed cachexia and dehydration. Laboratory tests were as follows: hemoglobin (Hb): 10.9 g/dl, hematocrit: 33%, mean corpuscular volume (MCV): 85.6 fl, leukocytes: 11700/mm^3, platelets: 399,000/mm^3, Na: 130 mEq/L, K: 2.4 mEq/L, Ca: 6.4 mEq/L, total protein: 3.6 g/dl, albumin: 0.8 g/dl, serum iron: 58 µg/dl, total iron binding capacity: 74 g/dl, ferritin: 136 ng/dl, folic acid <1 ng/ml, prothrombin time: 25 sn, and international normalized ratio (INR): 2. Abdominal ultrasonography revealed multiple lymphadenopathy (LAP) with cavitation, the largest with a diameter of 2.5 cm, and ascites. Upper endoscopy revealed antral erosive gastritis and erosive duodenitis. Biopsy from duodenal erosions revealed villous atrophy and crypt hyperplasia. Antiendomysial-antibody was positive at a titer of 1/40, anti-gliadin immunoglobulin (Ig)A was 44 (<10 u/ml) and tissue transglutaminase IgA was 80 U/ml (<10 u/ml). Abdominal computerized tomography (CT) (Figure 1) and CT enteroclysis did not show any additional pathology apart from mesenteric LAPs with central hypodense areas corresponding to necrotic content and ascites. The patient was diagnosed with celiac disease, and treatment with a gluten-free diet and vitamin supplementation was initiated. At the third month after referring to our clinic, she was symptom-free and had gained a total of 3 kg. Laboratory findings were as follows: Hb: 13.5 g/dl, hematocrit: 37.9%, MCV: 94 fl, Na: 137 mEq/L, K: 3.8 mEq/L, Ca: 9.5 mEq/L, and albumin: 3.8 g/dl.

Celiac disease is a chronic autoimmune enteropathy seen in genetically predisposed individuals, and it is characterized by malabsorption, which develops as a result of a protein called gluten. Symptoms and signs indicating malabsorption syndrome are observed (1).

Mesenteric LAP with cavitation is described as a histologically enlarged hypertrophic lymph node, with a cystic center surrounded by normal lymphoid tissue and with milk-like exudate in the center (2). This is a rare extra-intestinal finding that may be encountered in celiac disease, and it is associated with poor outcome (3). The pathogenesis is not yet clear. Chronic exposure to antigens passing through the small intestine with impaired permeability and a specific reaction of the wall of the small intestine against chronic inflammation have been suggested as possible causes (4,5). In a trial conducted by Tomei et al. (6) that evaluated abdominal CT findings of celiac disease, ascites was found in 2 of 28 patients (7.1%) and mesenteric LAP was determined in 12 patients (42.8%), and in 2 of these 12 patients, lymph node cavitation was observed. In another trial, which evaluated the role of magnetic resonance imaging (MRI) in celiac disease, mesenteric LAP was determined in 41.9% and ascites was found in 6.5% of cases (7). In the differential diagnosis of all patients with mesenteric lymph node cavitation, celiac disease should definitely be considered because, with a gluten-free diet, rapid and dramatic improvement is seen both clinically and in terms of laboratory findings.

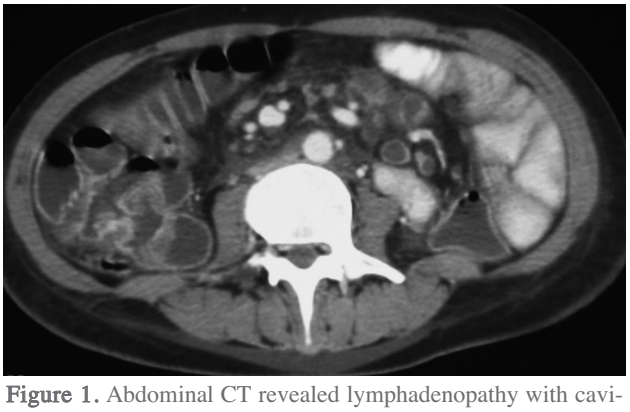

Figure 1. Abdominal CT revealed lymphadenopathy with cavitation and ascites

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Cecal duplication cyst presenting as perforation in an adult patient

Erişkin bir hastada perforasyon sonucu saptanan çekal duplikasyon kisti

To the Editor,

Alimentary tract duplications are uncommon congenital abnormalities that may occur anywhere in the digestive tract from the lingual root to the anus (1). More than 80% of the cases can be detected prenatally or in the first two years of life, but this rare entity may remain asymptomatic for years, even until adulthood, unless complications occur (2). Many complications related to colonic duplications have been reported in adults, such as obstruction, bleeding, intussusception, or melena (3-6). Peritonitis related to perforation of the duplication is a rare condition in adults (1,3). To our knowledge, this report describes the first case of an unusual cause of acute abdomen in an adult patient related to cecal duplication cyst perforation (CDCP).

A 27-year-old female patient was admitted to our emergency service with a two-day history of right lower quadrant abdominal pain. The vital signs were stable. Upon physical examination, right lower quadrant abdominal tenderness and rebound were detected. No disorder was determined in the laboratory parameters. Abdominal ultrasonography and computerized tomography revealed a cystic mass measuring 20x15 cm located in the right lower abdominal quadrant with pericecal fluid, which could be compatible with a mesenteric cyst rupture. After obtaining the patient's consent, laparotomy was performed. On exploration, a 20x15 cm perforated cecal duplication cyst was observed (Figure 1). The cyst was totally excised without colonic resection. The patient recovered uneventfully. Histopathological examination revealed a colonic duplication cyst with no evidence of malignancy or heterotopic mucosa.

Approximately 75% of duplications have been reported to be located within the abdominal cavity. The ileum is the most frequently involved, accounting for over 60% of cases, while colonic duplications are comparatively rare, representing only 6.8% of all duplications and often located in the cecum, as in our patient (7).

Symptomatic colonic duplication is a rarity in adults. The clinical picture varies according to the location and size of the lesion, as well as the type

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