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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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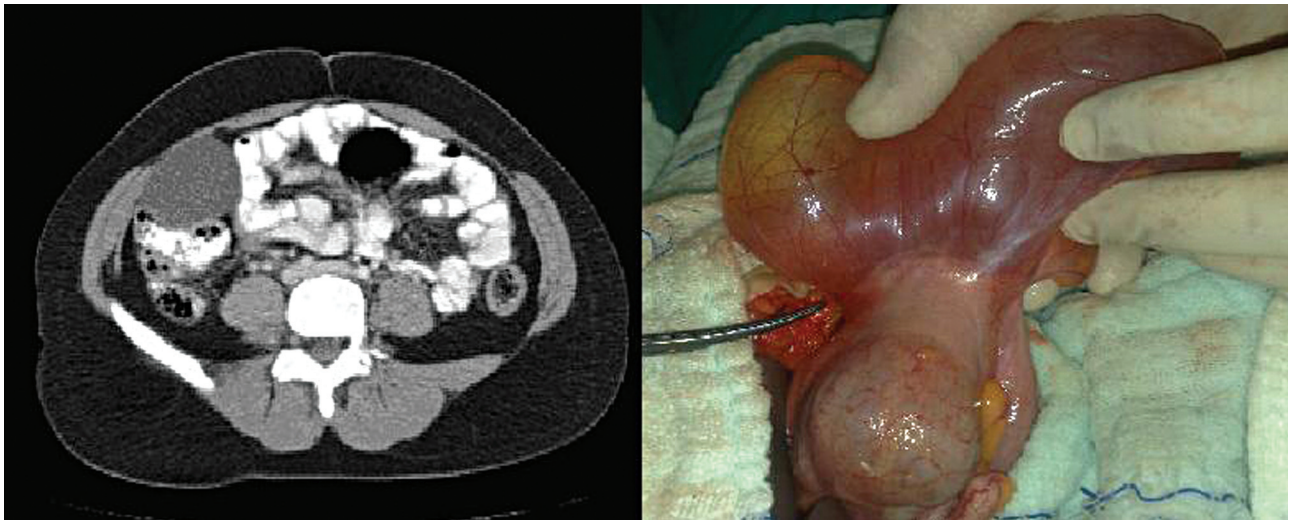

Figure 1. The contrast-enhanced abdominal CT findings of the cystic mass and intraoperative view of the duplication cyst perforation as indicated by the scissor tip.

of mucosal lining (6). The most common symptoms are mild abdominal pain with or without intestinal obstruction signs that may be related to the direct compression of the adjacent bowel or distension of the duplication.

The recommended treatment is surgery either for the treatment of the complications or to avoid further complications, including the possibility of malignant degeneration of the duplication. However, duplications can be considered as benign lesions (7). Hence, the surgical procedure should not be more radical than necessary but should involve complete resection of the duplication along with the adjacent part of the bowel (6). En bloc resection of the cyst and adjacent viscera is sufficient, as observed in our patient (2,5,6). The prognosis of duplications is good because of the localized and benign character of the lesions. The overall outcome is generally favorable.

In conclusion, CDCP should be considered as an unusual cause of acute abdomen in adult patients. Duplication cysts should be addressed by surgery to avoid further complications.

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