

Research Article

Importance of the Ultrasonography in Diagnosis of Ileal Duplication Cyst

**Arzu Gebesce,¹ Mevlit Korkmaz,² Esengul Keles,¹ Feride Korkmaz,³
Kamran Mahmutyazıcıoğlu,⁴ and Hamza Yazgan¹**

¹ Department of Pediatrics, Fatih University, Istanbul, Turkey

² Department of Pediatrics Surgery, Fatih University, Istanbul, Turkey

³ Department of Anesthesiology, Fatih University, Istanbul, Turkey

⁴ Department of Radiology, Fatih University, Istanbul, Turkey

Correspondence should be addressed to Arzu Gebesce; agebesce@fatih.edu.tr

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Gastrointestinal duplication cysts are rare congenital anomalies that can be seen in anywhere of the gastrointestinal system from the mouth to the anus. These are prenatally diagnosed through antenatal ultrasonography. However, attention must be paid since these formations might be confused with ovarian or mesenteric cysts. Our patient, who had been diagnosed with ovarian cyst on the ultrasonography performed in another center and with mesenteric cyst based on the abdominal MRI carried out at fifth month of life, presented to our clinic with the only complaint of constipation at 9th month of life. The diagnosis was set through double wall appearance of duplication cyst on the abdominal ultrasonography. The patient's cyst was resected.

1. Introduction

Gastrointestinal duplication cysts are rare congenital anomalies that can be seen in anywhere of the gastrointestinal system with a prevalence between 1:4500 and 1:10000. The most common location is ileum. Signs and symptoms differ based on the location, although mostly it manifests as acute abdominal or intestinal obstruction before 2 years of life. More rarely serious complications such as gastrointestinal bleeding or malignant degeneration may also occur. Colonic duplication cysts are further rare. Gastrointestinal duplication cysts are usually seen as two different forms as lumen-communicating and noncommunicating types. The most common form is cystic and noncommunicating type [1–3]. The treatment is surgery and total excision is the method of choice. In this report, our patient, who had been diagnosed with ovarian cyst on the ultrasonography (USG) performed in another center and with mesenteric cyst based on the abdominal MRI carried out at fifth month of life, presented to our clinic with the only complaint of constipation at 9th month of life. The diagnosis was set in our clinic through

double wall appearance on the abdominal ultrasonography. The patient's cyst was resected.

2. Case Report

On the second-level USG ordered at 23rd gestational week of a healthy mother aged 32, a hypoechoic formation with 5 mm and 9 mm in size which was observed at the right side of the bladder in the pelvis was considered and followed up as ovarian cystic formation.

The patient was born by normal vaginal route at term, weight of 3000 gr. The patient's Apgar score was found 8 in minute 1 and 9 in minute 5. No pathologic finding was found at the physical examination of the patient. On the contrast enhanced abdominal MRI performed in a different center when the patient was five months old showed simple cyst. It also revealed two lobule-contoured, thick-walled cystic lesion with diameters of 19 mm, 12 mm, and 5 mm in the right lateral part of the abdomen. The mass was diagnosed as mesenteric cyst, and the patient was followed up for this diagnosis.

4. Conclusion

In conclusion, ultrasonography is an inexpensive and practicable imaging modality in evaluation of intra-abdominal cystic lesions. Although it seems asymptomatic and rare, this type of cyst must be surgically excised because of the potential complications and malignant degeneration.

Conflict of Interests

The authors declare that they have no conflict of interests.

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