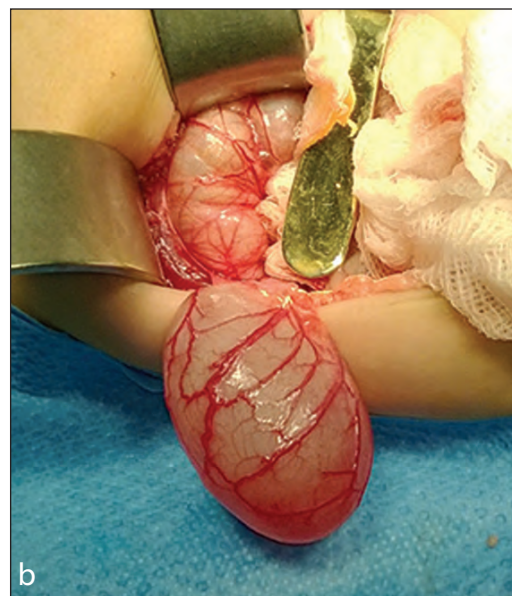


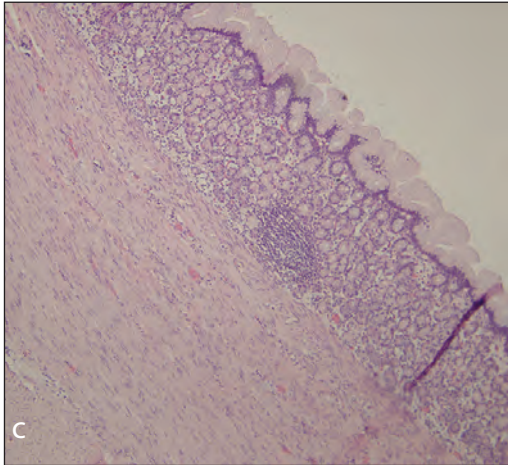
COLONIC DUPLICATION CYST WITH SEPARATE VASCULAR PEDICLE

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Routine abdominal ultrasound revealed a cyst in a six months old male infant. MRI showed an cyst beside ascending colon (Fig. a). At surgical exploration an isolated duplication cyst has been found on the mesentery of ascending colon with a distinct separate vascular pedicle and no luminal communication with the adjacent alimentary segments (Fig. b). Resection of the cyst was performed safely bowel resection and the patient's post-operative course was uneventful. Histological exam confirms colonic duplication cyst with ectopic gastric mucosa (Fig. c). Duplication cysts are rare gastrointestinal congenital abnormalities and can occur anywhere within the gastrointestinal tract. Duplication cysts are spherical or tubular structures firmly attached to or share the wall of the alimentary tract and have a common blood supply with the adjacent segment of the bowel. Thirteen percent of all gastrointestinal cysts are colonic origin. The presentation of duplication cyst depends on the size and location and other characteristics, like presence of ectopic mucosa. The differential diagnosis includes all cystic intra-abdominal masses, such as mesenteric and omental cysts, pancreatic pseudocysts and ovarian cysts. Treatment is surgical. The excision of a colonic duplication cyst can usually be done with minimal loss of adjacent colon. Complications that may occur if untreated include perforation, ulceration, bleeding, intussusception and malignant transformation. Completely isolated duplication cysts with their own exclusive blood





supply and without communication with the intestine are extremely rare variety of gastro-intestinal duplications.

Key words: Duplication cysts ■ Colonic ■ Treatment.

Authors' contributions: Conception and design: AH, EH; Acquisition, analysis and interpretation of data: NH; Drafting the manuscript: AH, EH.; Revising it critically for important intellectual content: AH, NH.

Conflict of interest: The authors declare that they have no conflict of interest.

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Received: November 2, 2013; **Accepted:** December 9, 2013

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