Sir,

Ileal duplication with heterotopic gastric mucosa is a rare congenital malformation and may be found anywhere along the alimentary tract. They readily mimic other surgical disease processes and thus present a diagnostic as well as a therapeutic challenge to the clinician and the surgeon. If left untreated, they may result in significant morbidity.

We report an 11 years old boy who presented with complaints of persistent vague intermittent abdominal pain and pallor for 2 years. He had chronic constipation, anorexia, weight loss and recurrent abdominal pain over the past several years. He had severe microcytic hypochromic anaemia (Hb = 6.1 gm/dl) requiring multiple blood transfusions. On examination, he was a pale looking child with marked tachycardia and tachypnoea. His lower abdomen was distended and tender over the right iliac fossa and supra-pubic region. X-ray abdomen showed prominent and dilated small bowel loops with no free air. Ultrasound abdomen showed mild to moderate ascites. Barium follow-through showed free flow of contrast with no evidence of obstruction. Patient was managed conservatively but progressive deterioration in haemodynamics and worsening of ascites raised suspicion of possible concealed perforation.

Exploratory laparotomy was performed. Intra-operatively tubular non-communicating ileal duplication was seen starting 157 cm distal to duodenojejunal junction and extending 32 cm proximal to the ileocaecal junction. There was about 300 ml of altered blood with clots in the right and left paracolic gutter and in the pelvis forming loculations. Omentum was thickened and the duplicated segment revealed a concealed perforation. Duplicated ileal segment was clamped and resected. End-to-end bowel anastomosis was done. Postoperative recovery was uneventful. Histopathology reported a duplicated tubular structure lined by benign gastric epithelium exhibiting an area of perforation with inflammation and granulation tissue formation. The child was followed-up in clinic and is currently doing well.

Exploration of the gastrointestinal tract is a relatively uncommon anomaly seen most often in relation to the small intestine but may be associated with life-threatening complications. The symptoms of intestinal duplication vary greatly depending on size and location of the duplication, presence of gastric mucosa and communication with normal bowel. The usual presentation is a palpable mass and abdominal pain due to distention, obstruction, ulceration or perforation of the cyst. Gastrointestinal haemorrhage is also a common complication which may be acute or chronic depending upon the severity of the lesion. This may present as melena or haematochezia. In this patient, there was repeated occult haemorrhage into the peritoneal cavity from a perforation in the duplicated lumen which was responsible for most of his symptoms (Figure 1). Malignant transformation has also been reported; therefore, elective resection of asymptomatic duplications should be advocated. Alimentary tract duplications are usually managed by segmental resection with primary anastomosis, given the shared blood supply and intimate relationship to the alimentary tract. In this case there was a non-communicating duplication which was removed completely without any long-term consequences to the patient.

REFERENCES


2. Holcomb GW, Gheissari A, O'Neil JA, Shorter NA, Bishop HC.


Muhammad Arif Mateen Khan1, Shakeel Ahmed2, Syed Rehan Ali2 and Faiza Bawany1

Department of Paediatrics Surgery1 / Paediatric and Child Health2, The Aga Khan University Hospital, Karachi.

Correspondence: Dr. Shakeel Ahmed, 34/II, 10th Commercial Street, Phase IV, DHA, Karachi. E-mail: shakeel.ahmed@aku.edu

Received July 30, 2011; accepted August 23, 2012.