

# **ENTERIC DUPLICATION CYST IN A PATIENT WITH SUSPECTED MILK-PROTEIN ALLERGIC PROCTOCOLITIS**

### INTRODUCTION

- Gastrointestinal duplication cysts are rare congenital malformations typically discovered by prenatal ultrasound<sup>1</sup>
- Cysts most commonly occur in the small intestine
- Duplication cysts are a rare cause of GI bleed and an even rarer cause of severe anemia
- Most common symptom is abdominal pain

## **CASE PRESENTATION**

8 month old female presented to children's hospital as a direct admission from her PCP due to severe microcytic anemia.

### PAST MEDICAL HISTORY



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### **CASE DESCRIPTION**

		Homoglobin	Intor
	2 months	-	Dairy free mat
	6 months	8 a/dL	Supplemental
e	8 months	3.2 g/dL	Admission to I
nd	PHYSICAL EXAM		DIFFERENTI
	<ul> <li>Exquisitely pale</li> <li>Well-developed</li> <li>No acute distress</li> <li>Tachycardic</li> </ul>		(severe aner
			Blood loss
			<ul> <li>Vitamin/Mi</li> <li>Thalasser</li> </ul>
	<ul> <li>Abdomen sof</li> </ul>	t. non-tender.	<ul> <li>G6PD definition</li> </ul>
	non-distende	d	Chronic re
	No palpable r	masses or	Microangic
	nepatomegai	У	<ul> <li>Intection/in</li> </ul>
			AGING
	Image 1: US Abdo	men – long axis	Image 2: CT
	LONG ABD RIGHT		
	- 0 LOGIO	- Contraction	
eral	34	The second	
nd			
า			
		12	Se to
nt			
	Image 3: CT Abdom	en – sagittal view	<ul> <li>Image 1</li> <li>demarcation</li> </ul>
		Contraction of the local division of the loc	anechoic
			with simp
		and the	<ul> <li>Images 2</li> <li>OT attraction</li> </ul>
	The season and a	LANGE LA PARTIE AND	
			that show

#### rvention

- ternal diet iron
- hospital

#### **AL DIAGNOSES**

- nia in an infant) (GI bleed) ineral deficiency na iciency
- enal failure
- opathic hemolysis
- nflammation



- displays a wellated, homogenous, mass consistent ple cyst
- 2 & 3 are contrast ies of the abdomen w low-attenuation cystic masses (9 HU) that represent fluid densities between water and blood

### **DIAGNOSIS AND TREATMENT**

#### FINAL DIAGNOSIS

- Enteric Duplication Cysts
- Exploratory laparotomy: a 10 cm bilobed retroperitoneal jejunum closely adherent to native bowel with surrounding necrosis, ulceration, and hemorrhage

#### TREATMENT

- Resection and jejunoileostomy

#### **DISCUSSION & REVIEW**

- Typical presenting symptoms: vomiting, rectal bleeding, abdominal mass, abdominal pain, constipation, cough, respiratory distress<sup>2</sup>
- up representing a case of avoidable medical error
- Prompt evaluation and earlier intervention could have prevented severe anemia<sup>3</sup>
- Persistent untreated infant anemia can have development and decreased cognitive function<sup>4</sup>

## CONCLUSION

- Anatomic abnormalities discovered prenatally should be surveilled into infancy
- Gastrointestinal duplication cyst should be included in the differential for pediatric patients with unexplained or refractory hematochezia

## REFERENCES

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- 3. Fahy AS, Pierro A. A systematic review of prenatally diagnosed intra-abdominal enteric duplication cysts. Eur J Pediatr Surg. 2019;29(1):68–74.
- 4. Pivina L, Semenova Y, Doşa MD, Dauletyarova M, Bjørklund G. Iron deficiency, cognitive functions, and neurobehavioral disorders in children. J Mol Neurosci. 2019;68(1):1-10.

cystic mass and 80 cm of mesenteric duplication at the distal

Hematochezia and anemia resolved after surgical recovery

The cystic mass was discovered prenatally and lost to follow-

neurodevelopmental consequences: impaired psychomotor

2. Erginel B Soysal FG, Ozbey H, Keskin E, Celik A, Karadag A, Salman T. Enteric duplication cysts in Children: A single-institution