Colonic duplication with heterotopy of gastric mucosa

Gastrointestinal duplications are rare congenital anomalies, occurring in 1/5000 livebirths [1,2]. However, colonic duplications are extremely rare with only 7% of duplications involving the colon [3]. Heterotopy of gastric mucosa is a congenital lesion that often accompanies intestinal duplication [4]. In the case of symptomatic duplications, surgery is the treatment of choice, especially when complicated by ileus or hemorrhage [5]. Here we present an unusual case of large-bowel duplication in a patient with chronic diarrhea.

A 48-year-old man having four to six motions daily was seen in the outpatients clinic. On examination, infection was excluded and Crohn’s disease was suspected. The patient was referred to the gastroenterology department. Routine blood tests did not reveal any abnormalities. Esophagogastroduodenoscopy showed longitudinal ulceration at the duodenal bulb. Histological examination revealed chronic unspecific duodenitis with foci of granulation tissue but no granulomas. Following these investigations, a colonoscopy was done, which revealed chronic unspecific duodenitis with fundic glands present in deeper portion of the mucosa, with gastric foveolae on the surface. Some intestinal crypts, with Paneth’s cells typical of the proximal colon, are visible in the lower right portion of the photomicrograph. Microscopically, extensive heterotopy of the gastric mucosa was observed. To identify precisely the extent of the duplication, barium enema was carried out. As a perianal fistula was suspected, transrectal ultrasound examination was also done. Prior to this report, a likely association between Crohn’s disease and large-bowel duplication has not been described.

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Fig. 3 Colonic duplication seen on barium enema film. The duplicated bowel stretched from one-third of the distal colon as far as the flexure of the descending colon and the sigmoid colon.

Fig. 4 Transrectal ultrasound examination showing the perianal fistula.

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