A young lady presented to the emergency department with pain in the abdomen for 1 day. She had a history of similar pain in the past. Her clinical examination was unremarkable, except for mild abdominal tenderness. Further investigations suggested diagnoses of acute pancreatitis and a duodenal cyst. Magnetic resonance cholangiopancreatography (MRCP) revealed a cystic lesion in the duodenum in close proximity to the common bile duct (CBD) and the main pancreatic duct (MPD) (Fig. 1 and Fig. 2). The patient improved with supportive care.

An endoscopic ultrasound (EUS), performed after recovery, revealed a cystic lesion in the second part of duodenum containing heterogeneous material, with a layered appearance suggestive of bowel wall. The CBD and MPD were proximal to the lesion (Fig. 3). There were no vessels in the wall or within the cystic lesion. The findings suggested a duodenal duplication cyst. The patient declined surgery and opted to undergo endoscopic drainage. The procedure is shown in Video 1.

An attempt was made to deroof the cyst using an oval snare (SJQ-29-2 Jumbo; Cook Medical Systems, Winston-Salem, North Carolina, USA). The snare could only be applied over part of the cyst wall, which led to only partial deroofing without drainage. The cyst wall was then punctured with a cystotome (Cook Medical Systems). The current was supplied with the Endocut I mode (Erbe Medical Systems, Tübingen, Germany; duration 3 seconds/interval 3 seconds). A guidewire was placed into the cyst and the cyst wall was...
deroofed using a sphincterotome (Clever-cut; Olympus, Tokyo, Japan). The opening was further widened using a 15-mm controlled radial expansion (CRE) balloon (Boston Scientific, Natick, Massachusetts, USA) and the contents were allowed to drain out. A biopsy taken from the open cyst cavity revealed normal duodenal mucosa (Fig. 4). At follow-up, the patient was doing well.

Duplication cysts are rare congenital abnormalities. Only 2%–12% are found in the duodenum [1]. Duodenal duplication cysts can occur at any age and are found equally in both sexes [2]. The most common symptoms are abdominal pain and pancreatitis; however, asymptomatic duodenal duplication cysts have also been reported [3]. Concern about malignant change makes surgery the preferred management choice [4]. Endoscopic drainage of the duodenal cysts with regular follow-up is a safe alternative; however, bleeding, perforation of the duodenum, and pancreatitis are potential complications [2].

Endoscopy_UCTN_Code_TTT_1AS_2AD

Competing interests: None

Reuben Thomas Kurien1, Sudipta Dhar Chowdhury1, L. S. Unnikrishnan1, Ebby George Simon1, Amit Kumar Dutta1, Koyeli Mahanta2, Thomas Alex3, A. J. Joseph1

1 Department of Gastrointestinal Sciences, Christian Medical College, Vellore, India
2 Department of Radiodiagnosis, Christian Medical College, Vellore, India
3 Department of Pathology, Christian Medical College, Vellore, India

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1377551
Endoscopy 2014; 46: E583–E584
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Reuben Thomas Kurien, MD
Department of Gastrointestinal Sciences
Christian Medical College
Vellore, 632004
India
Fax: +91-416-2232035
reubenthomask@gmail.com

Video 1
Deroofing and drainage of the duodenal duplication cyst.