

Giant Intra-abdominal Esophageal Duplication Cyst

We report here the case of a 51-year-old white male who complained of dysphagia, weight loss, retrosternal and epigastric pain, continuous for the last three months. CT scan revealed a cystic mass of $11 \times 9 \times 8$ cm in size, with an irregular wall which seemed to originate from the subdiaphragmatic region, infiltrating the diaphragm, corpus of the stomach, pancreas and liver (Figure 1). Ultrasound revealed an unechoic preaortic abdominal mass. A lesion infiltrating the submucosa and partially obstructing the lumen was observed by endoscopy and biopsies were taken. Histologic analysis revealed papillomatous esophageal mucosa with dysplastic changes.

The patient underwent surgery for an unidentified malignancy. A mass with irregular margins was found which was adherent to peripheral tissues. Although aspiration biopsies and frozen sections did not reveal malignancy, the presence of dysplastic changes in the previous pathology report, equivocal macroscopic findings during the operation and technical diffi-

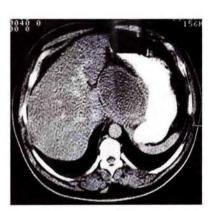


Figure 1: Appearance of the cystic mass in computed tomography.

culty prompted us to perform distal esophagectomy, proximal gastrectomy and esophagogastrostomy (Figure 2). Pathologic diagnosis was a duplication cyst of the esophagus. The patient made an uneventful postoperative recovery and was discharged from the hospital on the tenth postoperative day. He has been followed up for 18 months. At the time of his recent examination he appeared without complaints.

Esophageal duplication cysts are rare congenital anomalies. They are usually located in the lower third of the esophagus (1).



Most of them are above the diaphragm and some extend from the thorax into the abdomen (2). The first case of an esophageal cyst located entirely within the abdomen was reported by Ruffin and Hansen (3). More recently, endoscopic ultrasound was introduced to facilitate the diagnosis (4,5), but was not used in the present case.

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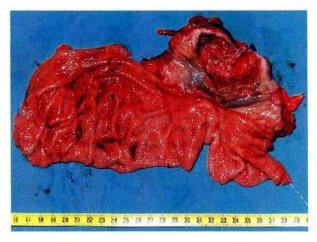


Figure 2: Macroscopic view of the specimen.