

PICTURES IN DIGESTIVE PATHOLOGY

Complete tubular colonic duplication in an adult: a rare incidental finding and the risk of colonoscopic perforation

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CASE REPORT

A colonoscopy was performed in a 55-year-old woman under investigation for anemia and an incidental complete double-barreled colonic duplication (CD) was identified. The real colonic lumen had a communication track with the false lumen arising from the rectum throughout the colonic length, ending as a “cul-de-sac” at the caecum (Fig. 1).

A colonic perforation was suspected during the endoscopy. A computed tomography (CT) scan was performed that identified a secondary pneumoperitoneum as well as the following findings: a Meckel’s diverticulum, right renal agenesis, bicornuate uterus and lumbosacral transitional vertebrae (Fig. 2). A right colectomy was required due to a traumatic perforation at the colonic hepatic flexure, affecting both duplicated lumens (Fig. 3).

DISCUSSION

CD is infrequent (6% of gastrointestinal duplications) and commonly associated with genitourinary or vertebral malformations (1). Diagnosis in adults is rare and could present when an acute complication occurs (2). CD does

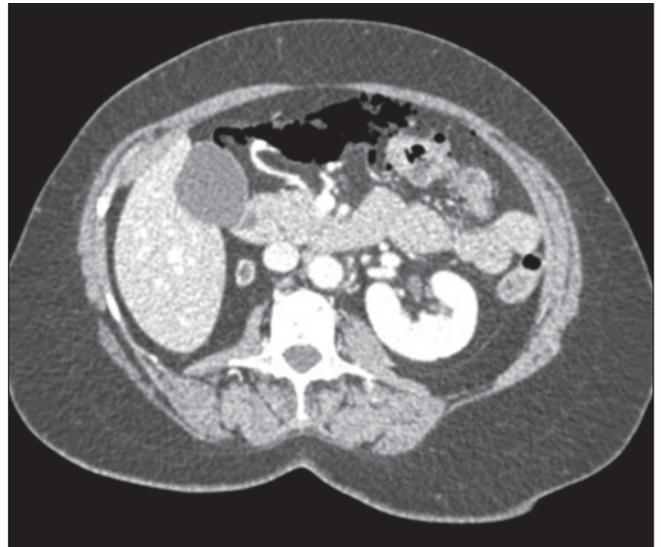


Fig. 2. CT scan showing a secondary pneumoperitoneum and extracolonic malformations.

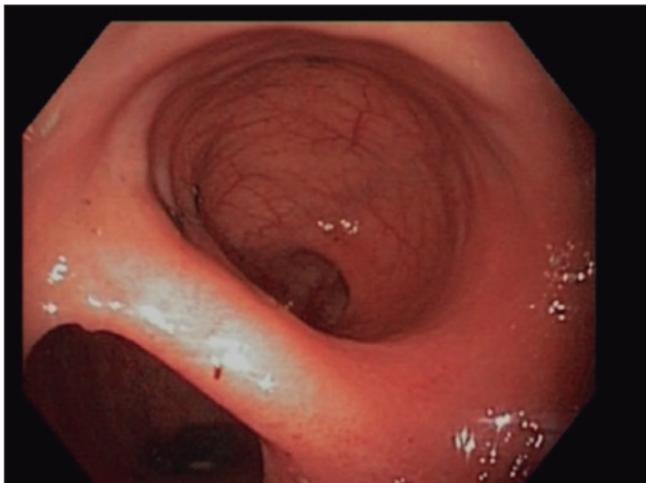


Fig. 1. Endoscopic image. A complete double-barreled colonic duplication.



Fig. 3. Surgical specimen. The real lumen was opened and checked and the false lumen was channeled.

not usually require surgery except in symptomatic or complicated cases (3). Endoscopy surveillance should be performed due to an uncommon but well documented risk of malignancy. When CD is being investigated, extra care should be taken during the endoscopy due to the high risk of perforation.

CONCLUSIONS

Incidental diagnoses of colonic duplications are rare in adults. However, they should be considered in the setting of acute abdominal complications. Surgery must be reserved for symptomatic or complicated cases.

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