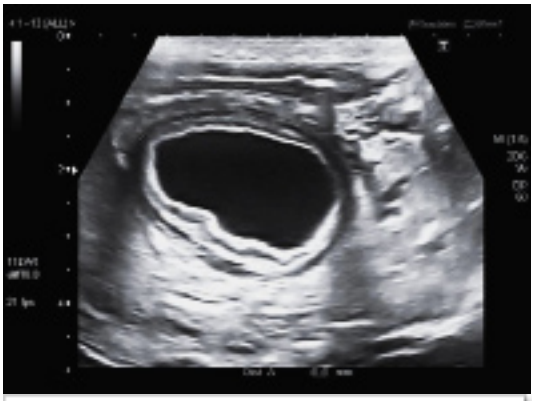
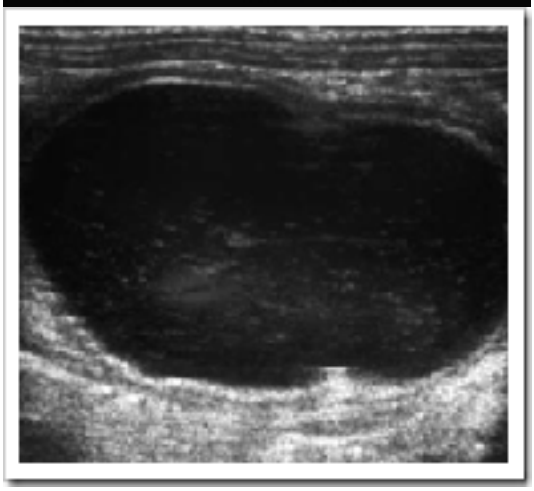
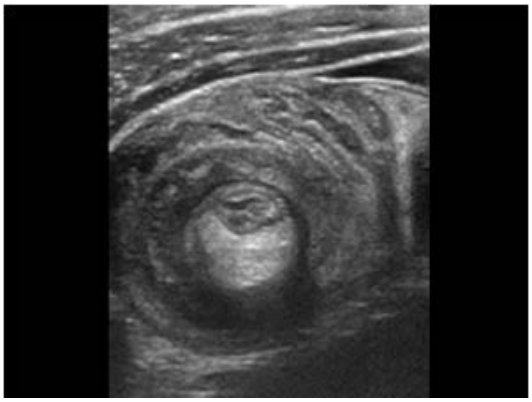
DUPLICATION CYSTS: AKA Enteric Duplication Cyst

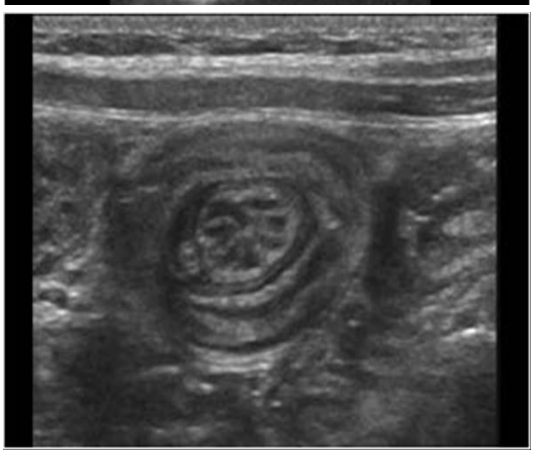




Rare focal congenital cystic malformations of the GI tract which present within the first year of life. They present as a fluid-filled mass. The cysts may occur anywhere, but are more common in the jejunum and ileum. These cysts are due to incomplete canalization of bowel. Clinical presentation includes a palpable abdominal mass, abdominal distension, vomiting secondary to bowel obstruction, and hemorrhage secondary to peptic ulceration. Duplication cysts may be incidental or present as a bowel obstruction. They are Spherical, ovoid or dumb-bell shaped.

Echogenic mucosa and a hypoechoic muscular layer is seen sonographically. Complications which can occur include; perforation, intussusception, bowel obstruction and volvulus. Surgical excision is the preferred treatment.





INTUSSUSCEPTION

This occurs when a segment of bowel telescopes into a more distal section (invagination of a bowel segment into another). It occurs more commonly within the ileum. It is more common in ages 6 months to 3 years (3mo-2yrs).Patients present with acute abdominal pain, vomiting, a palpable abdominal mass, and redcurrant jelly stool. This anomaly is seasonal and related to mesenteric adenitis.
Sonographically we see a “target”, “hamburger “onion skin”, “donut” in cross-section and a “pseudokidney” in long axis. There is no peristalsis present and poor vascularity.

Treatment: air or barium enema