A 35-year-old man was admitted to the hospital due to unexplained recurrent abdominal pain and hematochezia for 1 year. Lab results showed mild anemia (HGB 122 g/L). Abdominal enhanced computed tomography showed a blind tube-like structure near the right lower abdomen and ileum. The distal local wall was nodular, thickened, and significantly enhanced (Fig. 1). Double-balloon enteroscopy (DBE) was then performed through the oral route and the anal route (Video 1). A double lumen opening of the ileum was displayed approximately 1.2 m from the anal route. One irregular semi-circular ulcer with a white coating was found near the stricture in one lumen. It was suspected to be a small intestine duplication anomaly. During laparoscopic exploration (Video 1), a lumen approximately 8 × 2 cm in size could be seen at the distal end of the ileum, approximately 30 cm away from the ileocecal region. Its mesentery showed a tubular lumen, which was different from Meckel’s diverticulum. In particular, this tubular lumen had an independent mesentery and blood supply. Subsequently, we pulled out the ileum and used a cutting stapler to remove the duplicate deformed intestinal segment. The postoperative diagnosis was ileal duplication deformity (Fig. 2). Pathology showed that intestinal mucosa contained ectopic gastric glands (Fig. 3). The patient was discharged 9 days after surgery and did not experience any particular discomfort.
diagnosed as Meckel’s diverticulum. For treatment, surgical intervention is re-
quired to correct deformities and restore normal function. Previous reports of small
intestine duplication mainly occurred in children [1, 3]. Here, we report a rare case
of ileal tubular duplication deformity with an independent mesentery and blood
supply in an adult male.

Corresponding author

Yihan Ma, MD
Department of Gastroenterology and
Hepatology, Chengdu First People’s
Hospital, 18 Wanxiang North Road,
Chengdu, Sichuan, 610016, China
yihandejiyi@163.com

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The authors

Xing Xiong1, Yong Tian1,2, Dandan Zhao1, Shusen Qian1, Hongmei Ran1, Tao Pan1, Yihan Ma1
1 Department of Gastroenterology and
Hepatology, Chengdu First People’s
Hospital, Chengdu, China
2 Clinical Medical College, Chengdu University
of Traditional Chinese Medicine, Chengdu, China

1 These authors contributed equally.