Colonic duplication with heterotopy of gastric mucosa

Gastrointestinal duplications are rare congenital anomalies, occurring in 1/5000 livebirths [1,2]. However, colonic duplications are extremely rare with only 7% of duplications involving the colon [3]. Heterotopy of gastric mucosa is a congenital lesion that often accompanies intestinal duplication [4]. In the case of symptomatic duplications, surgery is the treatment of choice, especially when complicated by ileus or hemorrhage [5]. Here we present an unusual case of large-bowel duplication in a patient with chronic diarrhea.

A 48-year-old man having four to six motions daily was seen in the outpatients clinic. On examination, infection was excluded and Crohn’s disease was suspected. The patient was referred to the gastroenterology department. Routine blood tests did not reveal any abnormalities. Esophagogastroduodenoscopy showed longitudinal ulceration at the duodenal bulb. Histological examination revealed chronic unspecific duodenitis with foci of granulation tissue but no granulomas. Following these investigations, a colonoscopy was done, which revealed chronic unspecific duodenitis with foci of granulation tissue but no granulomas. Microscopically, extensive heterotopy of the gastric mucosa was observed (Fig. 2). To identify precisely the extent of the duplication, barium enema was carried out (Fig. 3). As a perianal fistula was suspected, transrectal ultrasound examination was also done (Fig. 4). Prior to this report, a likely association between Crohn’s disease and large-bowel duplication has not been described.

**Competing interests:** None

A. Madro1, K. Celinski1, B. Prozorow-Krol1, C. T. Lozowski1, L. Buk2, J. Swatek3, J. Pilat4, M. Slomka1

1 Department of Gastroenterology with Endoscopic Unit, Medical University, Lublin, Poland
2 Department of Radiology and Telemedicine, Medical University, Lublin, Poland
3 Department of Clinical Pathomorphology, Medical University, Lublin, Poland
4 Department of Surgery, Transplantology and Clinical Nutrition, Medical University, Lublin, Poland

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Fig. 1 Colonic duplication seen in endoscopy in a 48-year-old man with frequent motions. 

**a** Distal double lumen of descending colon. 
**b** Proximal double lumen of transverse colon in retroflexion. 
**c** Macroscopic view of gastric heterotopy in duplicated colon.

Fig. 2 Microscopic view of gastric heterotopy in the colon. Numerous fundic glands are present in deeper portion of the mucosa, with gastric foveolae on the surface. Some intestinal crypts, with Paneth’s cells typical of the proximal colon, are visible in the lower right portion of the photomicrograph (hematoxylin and eosin, original magnification × 100).

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References


Bibliography

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Corresponding author
A. Madro
Department of Gastroenterology with Endoscopic Unit
Medical University
Jaczewski Street 8, 20 – 954 Lublin
Poland
Fax: +48817244535
agnieszka.madro@wp.pl