IS-019  "Intraluminal" Pyloric Duplication: A Case Report

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We present a rare case of "intraluminal" pyloric duplication cyst. A 3-day-old girl, born by normal vaginal delivery at 38 weeks gestation weighing 2718 g, presented with non-bilious vomiting and feeding difficulties since birth. Routine prenatal ultrasonography (US) at 31 weeks showed a large gastric bubble suggestive of pyloric obstruction. On presentation, she was severely dehydrated and her abdomen was distended. US revealed an "intraluminal" cyst arising from the pyloric orifice and virtually obliterating it. After intravenous fluid resuscitation, nasojejunal feeding was commenced. At laparotomy on day 22 after birth, no cyst was visible at the pylorus; however, an elastic mass was palpable. Intraoperative endoscopy revealed a submucosal cystic lesion approximately 15 mm in size arising from the posterior and inferior surfaces of the pylorus obliterating the pyloric canal. Intraoperative cholangiography documented no communication between the cyst and the bile or pancreatic duct. Gastrotomy was performed transversally over the antrum just proximal to the cyst, and the cyst delivered through the incision. The cyst was incised, the upper part of the cyst wall removed, and a mucosectomy performed on the inner cyst wall of the lower part of the cyst, resulting in complete release of the obstruction. The mucosa and muscle were closed with interrupted absorbable sutures. Our case of "intraluminal" pyloric duplication cyst was treated safely and effectively by approaching from the inside of the stomach.