



Figure 3: Intraoperative view of retrovesical hydatid cyst displacing UB anterosuperiorly and rectum posterolaterally

## Discussion

Isolated retrovesical hydatid cyst (RVHC) is an exceptional occurrence. Aydinli et al from Turkey retrospectively analyzed 653 surgically treated patients of intraabdominal hydatid cysts in 25 years (1979 to 2004) and found only one case in the retrovesical space.<sup>3</sup>

The challenge in managing these patients is the accurate preoperative diagnosis of hydatid disease. The sensitivity of ultrasonography and CT are 93-98% and 97% respectively. The sensitivity of serological test (Indirect hemagglutination test) is 87.5% only<sup>4</sup>.

Treatment is primarily surgical i.e. complete removal of the entire cyst without contamination of the field. Robotic assisted laparoscopic surgery is the most recently introduced modality in the treatment of retrovesical hydatid cyst.

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## Duplication of transverse colon in an adult presenting as chronic diarrhea

### Introduction

Duplications of the gastrointestinal tract (GIT) are infrequent in the general population with an incidence of two or three cases per year in referred pediatric hospitals and more often discovered in the first two years of life.<sup>1</sup> This case study highlights tubular duplication of the transverse colon in an adult presenting with chronic diarrhea.

### Case report

A 48 years old male came to our outpatient department with the chief complaint of chronic diarrhea for last 6 months. Clinical

examination and routine investigations were unremarkable. Stool routine microscopy was normal and negative for any cyst, ova or parasite. Screening for HIV was negative. Serum anti-tissue transglutaminase was within normal limits. Upper GI endoscopy was normal. Colonoscopy revealed two luminal openings in the transverse colon just proximal to the splenic flexure. The colonoscope was passed through both openings (**Figure 1**). The mucosa in both the lumens appeared normal. Biopsy was taken to rule out heterotopia. The distal openings were seen in the transverse colon distal to hepatic flexure. The rest was normal. Barium enema showed the lumen communicated with the transverse colon at both ends. Patient was advised rifaximin 550 mg twice daily for 14 days and he showed improvement in diarrheal frequency. Rifaximin therapy was prolonged for a total of 4 weeks. Patient showed gradual improvement over the next 4 weeks. He became asymptomatic and remained so for the last 6 months. Patient was advised for regular colonoscopic surveillance for colorectal cancer.



Figure 1: Colonoscopic view showing the two openings in the transverse colon.

## Discussion

GIT duplication is rare and reported mostly in the pediatric age group. GIT duplication has been defined by Rowling's criteria as: (1) the wall of the duplication is in continuity with one of the duplicated organ; (2) the cyst is surrounded by a smooth muscular layer; and (3) a layer of digestive mucosa is present, more often typical or heterotopic as gastric mucosa, colonic mucosa, bronchial or pancreatic structure.<sup>2</sup> The most frequent localization is ileum in 30% or ileocecal valve in 30% followed by jejunum in 8%, colon in 6%-7% and rectum in 5%.<sup>3</sup> If no

associated malformation is present, they frequently remain hidden for several years until a complication occurs.<sup>4</sup> The symptoms are non-specific and depend on the type of duplication and the associated abnormality. More often they present as abdominal mass, chronic pain, constipation, obstruction, and less frequently volvulus, intussusception, bleeding, or perforation (especially in sigmoid colon mimicking diverticulitis). Carcinoma may arise: the most frequent is adenocarcinoma.<sup>5</sup>

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