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ENTEROGENOUS CYST, COMMUNICATING WITH THE LUMEN OF THE JEJUNUM

REPORT OF A CASE

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In this case an uncomplicated enterogenous cyst, attached to the jejunum and communicating freely with the lumen of the gastro-intestinal canal, was discovered accidentally.

In their report of a series of 68 enterogenous cysts, Gross and Ladd (1953) could find only 13 communicating with the lumen of the gastro-intestinal tract. Evans (1929) reporting a series of 24 cysts associated with the ileum, found 3 to be of the communicating type. In a resumé of the literature of 315 enterocystomata Dohn and Povlsen (1951) could find only 8 in which the lumen of the alimentary tract and that of the duplication had been continuous.

In most of the reported cases, inflammatory complications or the development of intestinal obstruction had culminated, at a fairly youthful age, in exploratory laparotomy and excision of the cysts.

The present case is worthy of note because of the following:

1. It satisfies the criteria for the diagnosis of enterogenous cyst (a) in having a smooth-muscle coat, (b) in being intimately attached to the gastro-intestinal tract, and (c) in its lumen being continuous with that of the intestinal tract, and therefore being lined by a mucous membrane resembling that of some part of the gastro-intestinal tube.

2. It possesses the rare characteristic of free communication with the lumen of the jejunum.

3. It is the seat of multiple firm concretions, which are shed into the jejunum from time to time.

CASE REPORT

Mr. C. v. d. M. aged 50, was admitted at 1.15 a.m. on 1 January 1956 to the surgical wards, suffering from an accidental gunshot wound of the abdomen. After resuscitation, laparotomy was performed. After repair of a large laceration of the left lobe of

the liver and 4 perforations of the transverse colon, and splenectomy, had been performed, a small smooth, faceted, glistening, bright-yellow body was found lying free in the peritoneal cavity. It was $\frac{3}{16}$ th of an inch in diameter (Fig. 2).

During the subsequent search for possible perforations of the small bowel, I found an enterogenous cyst attached to the jejunum 12 inches from the duodeno-jejunal junction. As shown in Fig. 1

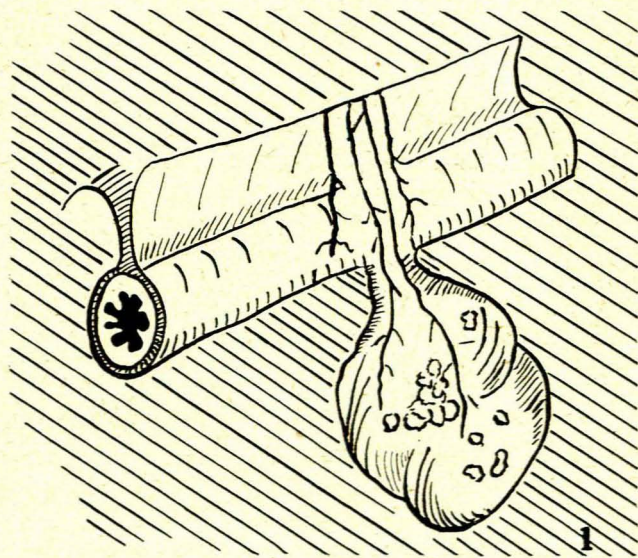


Fig. 1. Semi-diagrammatic representation of the operative findings. Note the continuity of the blood supply.

it was attached to the antimesenteric border of the jejunum, receiving its blood supply in continuity with the jejunal vessels. The cyst had a normal peritoneal covering and a muscle coat which was continuous with that of the jejunum and was partaking actively in jejunal peristaltic waves when stimulated.

The cyst contained multiple concretions similar to the one found lying free in the peritoneal cavity. The concretions were easily seen through the cyst wall, which was soft and collapsed. The stoma of communication admitted the tip of an index finger. No signs of adhesions or any other evidence of previous inflammatory episodes could be detected.

Owing to the patient's severe trauma, and the fact that the cyst was uncomplicated, it was left *in situ*. Subsequent straining of the stools produced further similar calculi, which were photo-

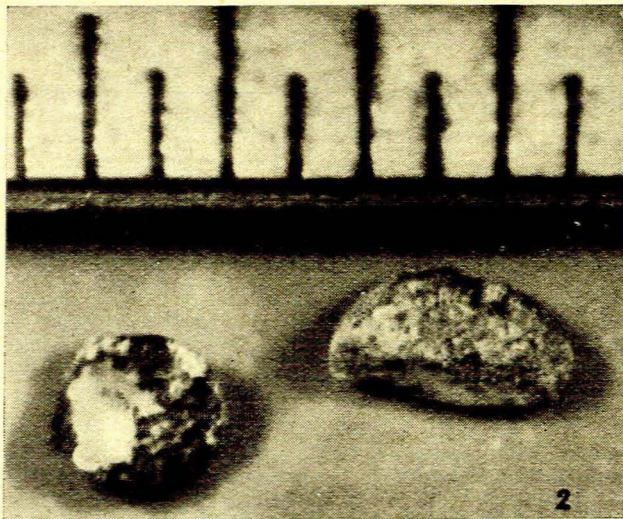


Fig. 2. Photograph of the concretion found in the peritoneal cavity and one of those obtained by straining of the stools after operation.

graphed (Fig. 2). X-ray examination of the abdomen did not show up the calculi. Attempts at filling the cyst with barium solution failed to do so. After the concretions were embedded in paraffin and the surface polished, no laminae could be seen in them.

DISCUSSION

As a result of the free communication with the intestinal lumen and the active peristalsis in this enterogenous cyst, it has escaped detection for 50 years. Only because

of an unfortunate unrelated accident was the cyst observed. No evidence of any previous inflammatory episode could be found, either at operation or on detailed questioning of the patient, who was an intelligent person.

Enterogenous cysts of this type may be of more frequent occurrence than is realized, eluding the surgeon because of the absence of stasis, infection, torsion or pressure phenomena on the adjacent loops of bowel.

SUMMARY

A case is reported in which an enterogenous cyst was accidentally discovered, presenting the following uncommon features:

1. There was free communication with the lumen of the jejunum.
2. The cyst contained multiple glistening, faceted concretions.
3. No complications had arisen during the 50 years of its existence.
4. Active peristalsis, coinciding with that of the jejunum, was seen to occur in the cyst wall.

OPSOMMING

'n Geval van 'n dermsist, per ongeluk ontdek, wat die volgende ongewone eienskappe vertoon word beskryf:

1. Daar was vrye kommunikasie met die jejunum-lumen.
2. Die sist was gevul met veelvuldige, glinsterende konkresies met fasette.
3. Geen komplikasies het gedurende die 50-jarige bestaan van die sist ontstaan nie.
4. Aktiewe peristaltiese bewegings, wat saamval met dié van die jejunum, is in die wand opgemerk.

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