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## LETTER TO EDITOR (VIEWERS CHOICE)

### ILEAL DUPLICATION WITH VOLVULUS

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Though jejuno-ileal duplications are known to present with complications like volvulus formation, presentation in the neonatal period is quite uncommon. Many a times, the diagnosis is revealed only on table as happened in our case (1).

A four day old male neonate presented to us with abdominal distension and bilious vomiting. On examination, there were visible bowel loops and a lump felt in the right iliac fossa. An erect X-ray abdomen showed dilated bowel loops with fluid levels and paucity of gas in the pelvis. The patient was explored with a working diagnosis of small bowel atresia. On exploration, the small bowel loops were grossly dilated; and there was sanguineous collection mainly in the pelvis. On further delivery of the bowel outside the abdominal cavity, a terminal ileal cystic duplication of 4 x 5 cm was found along the mesentery with gangrene of the involved segment just proximal to the ileo-caecal junction. Local resection along with excision of the ileo-caecal valve and ileo-ascending anastomosis was done. The small bowel segment excised was about 12-15 cm in length. The histopathology of the resected duplication did not reveal any evidence of gastric mucosa. Presently, the child is 1 1/2 years old and doing well.

Jejuno-ileal duplications of the gastrointestinal tract are the commonest form of duplications (2,3) although alimentary tract duplications as a group are rare form of malformations in children. Typically, the duplication is on the mesenteric border of the intestine and shares a common muscularis with the native bowel (3). The duplication may be cystic or tubular. It may be largely

asymptomatic (4) or present with features of intestinal obstruction secondary to intussusception or volvulus (5). There may be hemorrhage (5) or perforation because of presence of gastric mucosa as in Meckel's diverticulum. Our patient had a terminal ileal cystic duplication of 4 x 5 cm size; the weight of which lead to rotation and volvulus formation. Treatment needs to be tailored for each case because of a wide spectrum of presentation.

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