Esophageal duplication cyst

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A 46-year-old male patient was investigated for a 3-month history of dysphagia. Barium swallow (Fig. 1a) and upper gastrointestinal endoscopy showed a smooth mucosal bulge in the distal esophagus. Computed tomography (CT) showed a well-defined non-enhancing hypodense right paraesophageal mass (Fig. 1b) with negative Hounsfield units (HU –3 to –81). Thoracoscopic resection of the mass revealed mucinous cyst in the esophageal wall, confirmed to be foregut duplication cyst

on histopathology. Esophageal duplication cysts very infrequently present in adulthood [1]. They may be asymptomatic or present with complications like infection, bleeding, or mass effect. Rarely, they may present with acute rupture or malignant transformation [2]. They are best treated with complete surgical or laparoscopic resection. They are usually confused with bronchogenic cysts. In this case, lipoma was a differential diagnosis due to the fat density of the lesion.

Fig. 1 **a** Barium swallow prone image showing extrinsic compression on distal esophagus (*arrow*) causing smooth luminal narrowing. **b** Sagittal MPR CT image showing a well-defined hypodense lesion with negative HU (–39) protruding into the esophageal lumen

References

1. Javan NG, Debnath J, Kumar A, Das CJ. Oesophageal duplication cyst: an unusual cause of retrosternal pain and dysphagia in an adult. *Singap Med J*. 2008;49:e242–4.
2. Neo EL, Watson DI, Bessell JR. Acute ruptured esophageal duplication cyst. *Dis Esophagus*. 2004;17:109–11.

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