

GASTRIC DUPLICATION

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Duplications of the gastrointestinal tract may occur anywhere in the alimentary tract. These are characterized by firm attachment to at least one point of the alimentary tract, a well-developed coat of smooth muscle and the epithelial lining always resembles some part of the alimentary tract. Duplications of the stomach are uncommon.

A 3½-months-old male child was brought with progressive hydrocephalus, left inguinal hernia and vomitings off and on for a duration of one month. The patient had been operated for encephalocele 1½ months back. Abdominal examination revealed a distended abdomen with a soft

cystic swelling palpable in the left upper abdomen. Ultrasonography of brain suggested obstructive hydrocephalus and that of abdomen revealed a cystic lesion in the left upper abdomen. Exploration of the abdomen revealed a gastric duplication cyst (*Fig.*), which was excised and the mucosa stripped from the common wall. Usu-



Fig. Gastric duplication seen during operation.

ally, the patient presents in the early neonatal period with abdominal distension, vomiting and a palpable mass. Frequently, these are attached to the greater curvature and do not communicate with the stomach lumen. Common associated anomalies are malrotation, exomphalos, atresias and vertebral anomalies seen in up to 35% of the cases(1). Association of congenital hydrocephalus, encephalocele and inguinal hernia has been rarely reported as seen in the present case.

REFERENCE

1. Torma MJ. Of double stomachs. *Arch Surg* 1974, 109: 555-557.

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Accepted: December 8, 1992*