Enterogenous cyst

An enterogenous cyst is a rare finding usually detected during infancy or childhood.

Duplications in the midgut are the most common with the majority of cases reported in the distal small bowel.

Enterogenous cysts are separate entities from the GI tract and contain their own lumen. Hence, they expand and become symptomatic as their mucosa is functional and secretes fluid. Symptoms most commonly present in the 1st year of life and only a few cases have been described in the adult population.

Clinical manifestations of enterogenous cysts include obstruction and less commonly, intussusception or gastrointestinal (GI) bleed.

The incidence of non-idiopathic or secondary intussusception is 5-6% with enterogenous cysts presenting as rare instances.

Lead point lesions are more commonly identified as diverticula and lymphomas. GI bleed is an additional complication and may originate from ulcerations, abrasions, or irritation to the mucosal layer within the duplication cyst, which subsequently results in gradual or brisk blood loss. Once identified, enterogneous cysts should be resected because complications can be fatal. Although initial symptoms may include nausea, emesis, or abdominal pain, symptoms may evolve to more serious conditions. Lesions can be detected by X-ray, ultrasound, or computed tomography (CT) scan. Small lesions may be missed on radiography. As such, follow-up with ultrasound or CT scan is recommended for further investigation.

Case reports

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Kojima et al., report the case of a mobile spinal enterogenous cyst in a 2-year-old boy, who was admitted to the hospital several times for intermittent paraplegia. Magnetic resonance imaging and CT revealed an isolated cyst in the lumbar spinal canal. The symptoms were caused by transient myelopathy of the conus medullaris and radiculopathy of the cauda equina due to the changing size and location of the cyst. The cyst was surgically extirpated, after which the symptoms resolved. The histopathological diagnosis was enterogenous cyst. The clinical history of intraspinal enterogenous cyst is usually progressive. Mobility and changes in size are rare pathophysiological findings. The authors speculate that the cyst wall did not adhere to the surrounding structures and had ruptured and quickly reformed. Enterogenous cyst should be considered in the differential diagnosis of spinal intradural cysts in children with radiculomyelopathy [1].

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Kojima S, Yoshimura J, Takao T, Tamura T, Nishiyama K, Maruyama S, Suda M, Fujii Y. Mobile spinal enterogenous cyst resulting in intermittent paraplegia in a child: case report. J Neurosurg Pediatr. 2016 Oct;18(4):448-451. PubMed PMID: 27258594.