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Complete tubular colonic duplication in an adult: a rare incidental finding and the risk of colonoscopic perforation

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SEPO

Editorial Colonic diverticular bleeding. Have we identified the risk factors for massive bleeding yet? J. W. Bercian Valencia	65
Trabajos Originales Risk factors for severity and recurrence of colonic diverticular bleeding N. Anjum, P. Cabero, A. Arduas, M. Escobar and N. Guzmán	67
Microsporidian and inflammatory bowel disease: the other diagnosis? J. Bermejo, A. Rojas, S. López-Castejón, J. Cuervo, M. Acuña-Barca, M. Hernández-Solis, C. García, M. de la Cruz, D. Barrio and A. López-García	69
Influence of sustained vital response on the regression of fibrosis and portal hypertension in cirrhotic HCV patients treated with antiviral therapy A. Riestra, J. Cabero, W. J. López-Alcalá, I. López, M. T. Arce, A. Galván, F. Castiella, E. Fabrega and J. Crespo	70
Malnutrition risk questionnaire combined with body composition measurement in malnutrition screening in inflammatory bowel disease A. A. Cortés, A. Muñoz, Z. Pri, I. Pall and P. Tejedor	71
A survey-based analysis of endoscopic quality indicators compliance among Spanish endoscopists I. Fernández-Cruz, F. Argüelles, P. Alonso, J. Salas and S. Soriano	76
Revisión Endoscopic resection of colorectal polyps in patients on antiplatelet therapy: an evidence-based guideline for clinicians G. Piana, M. Sotomonte-Sain, C. Salinas, F. Day and M. J. Cuervo	79
Indicaciones en Patología Digestiva Neuborn de la arteria mesentérica superior: una causa infrecuente de obstrucción intestinal J. Sempere-Jaguer, P. Abadía-Serna y J. C. García-Perez	80
Neumatoxosis gástrica intestinal A. F. Romero-Muñoz y K. Barrio-Zelga	81
Tumores de Wilms a pírcas autoinflamatorias C. Oña-Solís, C. C. Fernández-Segú, J. Pineda-Rodríguez y A. N. González-Fernández	81
Endoscopic retrieval of trichobezoars in a schizophrenic patient J. L. Bermejo-Hernández, M. E. Torres-Castro and M. Torres-Rodríguez	83
All that glitters is not gold. A different cause for an "obscure colitis" A. Pineda, M. Sain, J. Villaverde and S. Navarro	83
Lesión de Bouveret: diagnóstico por gastroscopia R. Barrio-Gómez, M. N. Barrio-Frutos, M. Paz-Naves y J. E. Domínguez Muñoz	85
1. Notas Clínicas Celiac crisis in adults: a case report and review of the literature focusing in the presentation of subacute-onset M. de Alarcón-Nemón, V. L. Barrio-Cabral and S. L. Latorre	87
Herangopigritosis benigna patética. Una localización infrecuente de tumor neuroendocrino I. Abadía-Alcalá, J. M. García-González, L. Aguirre-Díaz, A. M. Quintana-Rivero y A. Collado-Morero	89
Hemólisis por eritropoiesis suprarrenal C. Pérez-Carpas, A. Escobedo-Sánchez, M. A. Paredes-Capó, J. Arangul-Roldán y C. García-Solís	90
Endoscopic removal of intubated large sigmoid polyp: a case report M. Ochoa-Gutiérrez and J. Salas-Munizaga	93
Mesenteric schwannoma: an unusual cause of abdominal mass A. Tapia-Palacio, M. R. Ramos-Vázquez, J. C. Cordero-Ramos, J. Cordero-Lizasoain and L. Carballo-Pérez	96
26. Cartas al Editor Neoplasia neuroendocrina intestinal, un tumor poco habitual M. de Barrio-Nave, J. Santos-Fernández y M. N. Ramos-Rodríguez	99
Presentación intestinal de tuberculosis por radiografía patológica que debe asociarse a cambios de Bouveret, patología infrecuente y poco conocida Y. Pérez-Vargas, D. M. Acosta y L. A. Abadía	100
Perforación endoscópica inadvertida en un paciente con múltiples divertículos Y. Sun, H. Zhu and D. Liu	101
Articulación y endoscopia intestinal, entidades infrecuentes en el diagnóstico diferencial de abdomen agudo C. Sánchez-Jiménez, J. Goveas-Naves y J. A. Abadía-Pérez	101
Perforación múltiple de divertículos de intestino delgado en paciente con síndrome de Ulcers-Duodenitis R. Fernández-Cruz, A. Burgos-Castro y E. Palencia-López	103
Altoplexia analítica como manifestación paraneoplásica de un adenoma actínico gástrico J. Barrio-Otero, F. Fernández-Serrano y J. de la Fuente-Aguado	103
44. Revisores 2016	105

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Complete tubular colonic duplication in an adult: a rare incidental finding and the risk of colonoscopic perforation

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CASE REPORT

A colonoscopy was performed in a 55-year-old woman under investigation for anemia and an incidental complete double-barreled colonic duplication (CD) was identified. The real colonic lumen had a communication track with the false lumen arising from the rectum throughout the colonic length, ending as a “cul-de-sac” at the caecum (Fig. 1).

A colonic perforation was suspected during the endoscopy. A computed tomography (CT) scan was performed that identified a secondary pneumoperitoneum as well as the following findings: a Meckel’s diverticulum, right renal agenesis, bicornuate uterus and lumbosacral transitional vertebrae (Fig. 2). A right colectomy was required due to a traumatic perforation at the colonic hepatic flexure, affecting both duplicated lumens (Fig. 3).

DISCUSSION

CD is infrequent (6% of gastrointestinal duplications) and commonly associated with genitourinary or vertebral malformations (1). Diagnosis in adults is rare and could present when an acute complication occurs (2). CD does not usually require surgery except in symptomatic or complicated cases (3). Endoscopy surveillance should be performed due to an uncommon but well documented risk of malignancy. When CD is being investigated, extra care should be taken during the endoscopy due to the high

risk of perforation.

CONCLUSIONS

Incidental diagnoses of colonic duplications are rare in adults. However, they should be considered in the setting of acute abdominal complications. Surgery must be reserved for symptomatic or complicated cases.

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Fig. 1. Endoscopic image. A complete double-barreled colonic duplication.



Fig. 2. CT scan showing a secondary pneumoperitoneum and extracolonic malformations.



Fig. 3. Surgical specimen. The real lumen was opened and checked and the false lumen was channeled.