RADIOLOGICAL QUIZ

Lt Col C MOHAN^{*}, Col AMARJIT SINGH⁺,
Surg Cdr J D'SOUZA^{*}, Col SK KHANNA[#]

Clinical Information

Sixty year old male presented with intermittent colicky pain of two years duration. Physical examination did not reveal any abnormality. Ultrasonographic examination of abdomen was normal.

Barium meal examination is shown (Fig 1).

What is your diagnosis?

Diagnosis: Answer to radiological quiz

Fig. 1 : Barium meal examination showing a pear shaped pouch in the second part of duodenum surrounded by barium.

Answer to quiz on pg. 130

^{*}Classified Specialist (Radiology), Military Hospital (CTC), ⁺Professor and Head, Dept of Radiodiagnosis, Armed Forces Medical College,
[#]Senior Adviser (Radiology), Command Hospital (Southern Command), Pune 411040

Answer to Radiological Quiz

Intraluminal duodenal diverticulum

Radiograph shows: Barium meal examination showing a pear shaped pouch filled with barium and surrounded by barium.

Discussion

Intraluminal duodenal diverticulum, a mucosal pouch within the second part of duodenum, is an extremely rare developmental anomaly. Silcock in 1885 first reported its occurrence during an autopsy [1]. However Kinser first reported it in radiological literature in 1949 [2]. The clinical presentation of intraluminal duodenal diverticulum is usually non specific. These lesions, however, may present with post-prandial pain, bilious vomiting and haematemesis. On barium meal study, it is seen as a pear shaped pouch filled with barium and surrounded by barium. The wall of the diverticulum is identified as a uniformly

thin radiolucent line within the duodenum [3]. Familiarity with this entity is essential for the endoscopist as passage of scope into the lumen of diverticulum during endoscopy may show normal mucosa and overlook the lesion completely. Duodenostomy and excision of diverticulum is a suitable treatment option for symptomatic patient.

REFERENCES

1. Silcock, AQ: Epithelion of ascending colon, enterocolitis, congenital duodenal septum with internal diverticulum. *Trans Pathol Soc London* 1885; 36: 207-10.
2. Kinser, RE: Intraluminal diverticulum and other lesions producing intermittent duodenal obstruction or stasis. *Am J Roentgenol* 1949; 61: 212-8.
3. Fleming, CR: New Conar AD; Stephens DH and Carlson HC: Intraluminal duodenal diverticulum. Report of two cases and review of literature. *Mayo Clin Proc* 1975; 50: 244-8.