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Midgut Malrotation in Early Adulthood

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I. Introduction: Midgut malrotation is a congenital anomaly referring to either lack of or incomplete rotation of the fetal intestines around the axis of the superior mesenteric artery during fetal development. Most patients present with bilous vomitting in the first month of life because of duodenal obstruction of a volvulus. It is rare for this condition to present in adulthood. We present a case of malrotaion in an early adult who presented with chronic abdominal pain and improved symptoms following laparoscopic Ladd procedure. **II. Case Report:** A 15-year-old woman presented to our hospital with chronic intermittent abdominal pain during 2 years. Her abdominal pain occurred every 1 to 2 hours after eating and was 30 minutes in duration. She had no other medical or surgical history. Laboratory examination and simple abdomen and EGD finding had no specific demonstration. Radiologic findings(Figure.1; UGI and delayed simple abdomen, 2; BE and CT angio, 3; Abdomen CT).Management: Laparoscopic Ladd procedure(Figure 4). Treatment must be tailored to each individual patient, to his presenting complaints, and to the timing of the diagnosis.She has been presented with chronic abdominal pain and discomfort, therefore classic treatment of incomplete intestinal rotation was needed and Ladd procedure was done. **III. Conclusion :** Most cases of malrotation are discovered in the first few months of life and 90% are discovered by 1 year of age. The classic description of intestinal malrotation is that of the term infant who presents with bilious emesis. Upper gastrointestinal contrast study (UGI) confirms the diagnosis by identifying the right-sided position of the duodenal-jejunal junction or evidence of a midgut volvulus. The most common finding in a patient with malrotation is midgut volvulus leading to vascular compromise and intestinal ischemia. Mixed rotation and nonrotation would be the most likely anatomic configurations. Our case is a mixed type rotation and a rare caes, which detected in early adulthood.Therefore, this case suggests that recurrent abdominal complaints in an adult should arouse suspicion of midgut malrotation.

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A case of paraesophageal bronchogenic cyst

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Background : Bronchogenic cysts are congenital cystic lesions of foregut origin, usually intrapulmonary or mediastinal in location. Paraesophageal bronchogenic cysts are rare, and a limited number of case reports have been reported. We report on a case of a 45-old-female with a paraesophageal bronchogenic cyst in the distal esophagus. **Case:** A 45-year-old female was admitted in our clinic suffering from severe dysphagia for the last 3 days. The patient's medical history, physical examination and blood tests were all normal. Chest radiography revealed a significant rounded mass in the centro-posterior mediastinum. A gastrografin swallow showed a mass, with a base as long as 8 cm, bulging out from the anterior wall of the esophagus leading to a filling defect and its compression. A computerized tomographic scan of the chest demonstrated a 8×5 cm hypodense cystic lesion leading to compression of the esophagus. Consequent esophageal endoscopy and endoscopic ultrasound confirmed a large hypoechoic mass of the wall of the esophagus, causing partial obstruction of the lower esophagus. Complete surgical resection of the mass was performed without complication. Macroscopically the large cyst was filled with hematoma and histopathologic findings revealed that it was a bronchogenic cyst. The postoperative course of the patient was uneventful and she was discharged on the 14th postoperative day. Today, 8 months later, she is free of symptoms, in excellent condition.