



: 1 1

(duplication cyst)

MRI 1 . 33 가 , CT
 가

(duplication cyst)

(Fig.

2A).

2

(Fig. 2).

CT (1, 2),
 MRI

MRI T1

, T2
 가

(Fig. 3).

MRI

CT
 . CT

MRI

가

(Fig. 2, 3).

33 가 1

100 cm

가

(carcinoembryonic antigen [CEA]) 7.5 ng/ml 가 가
 : CEA,
 2,274 ng/ml; alpha - fetoprotein (AFP), 1.45 ng/ml; carbo-
 hydrate antigen (CA) 19 - 9, 179.8 U/ml.

2

5 × 4.5 cm, 2 × 2 cm
 (Fig. 4), CT

가

가 (Fig. 1). 18 × 8 × 8 cm,
 8 × 6 × 6 cm

(Fig. 1A). CT

가 (1-5). 가 (recanalization), 가 (1, 4-6, 7-9). Gross (4) 3가 ; , 가 .

가 (1). 가 (3).

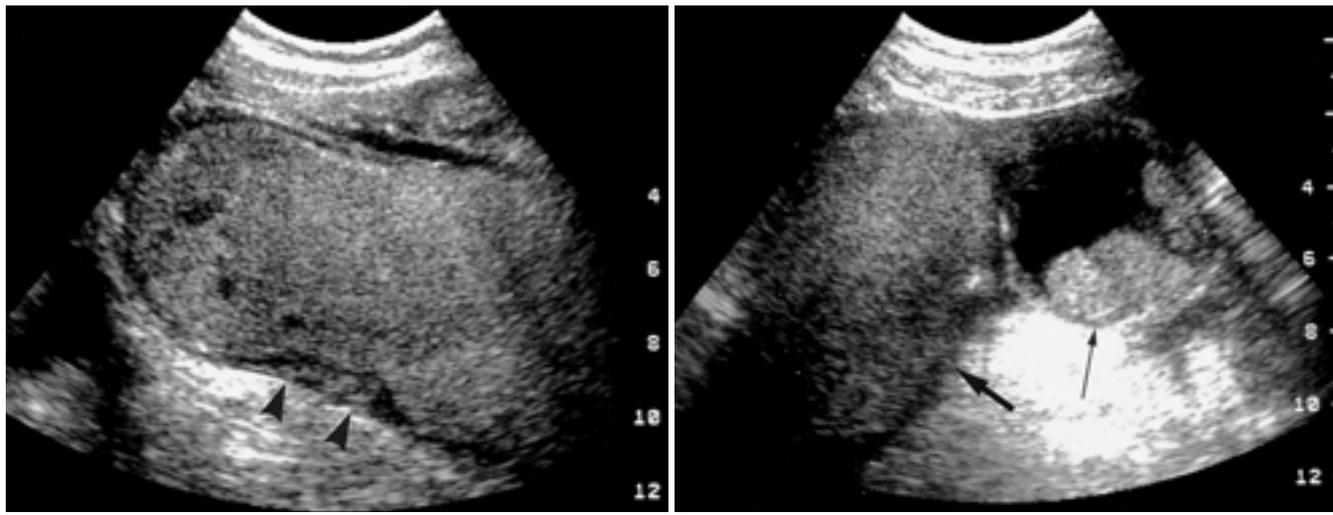


Fig. 1. Sonography.
A. Longitudinal scan through the large cystic mass in right side abdomen shows focal wall thickening (arrowheads).
B. Transverse scan at the level of lower abdomen shows two cystic masses (arrow and thin arrow) with different echogenicity of contents each other.

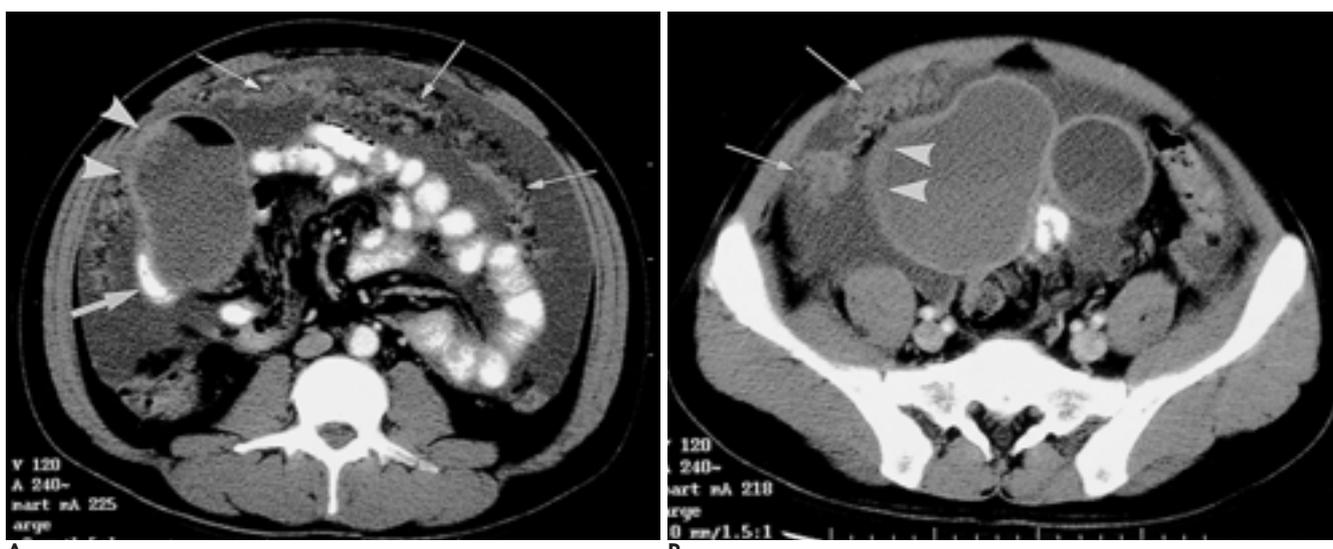


Fig. 2. Abdominal CT after contrast enhancement.
A. CT scan at the level of L3 shows a cystic mass abutting small bowel loop (thick arrow) in right side abdomen. The mass contains relatively high density fluid and fat attenuation and has partly thickened wall (arrowheads). Irregular soft tissue lesions (thin arrows) on greater omentum and ascites are also seen.
B. CT scan obtained through lower abdomen shows that the lower part of the mass consist of two cystic masses. The large one is continuum of the cystic mass on Fig. 2 A. Slightly thickened wall (arrowheads) of cystic mass, omental masses (arrows), and ascites are noted.

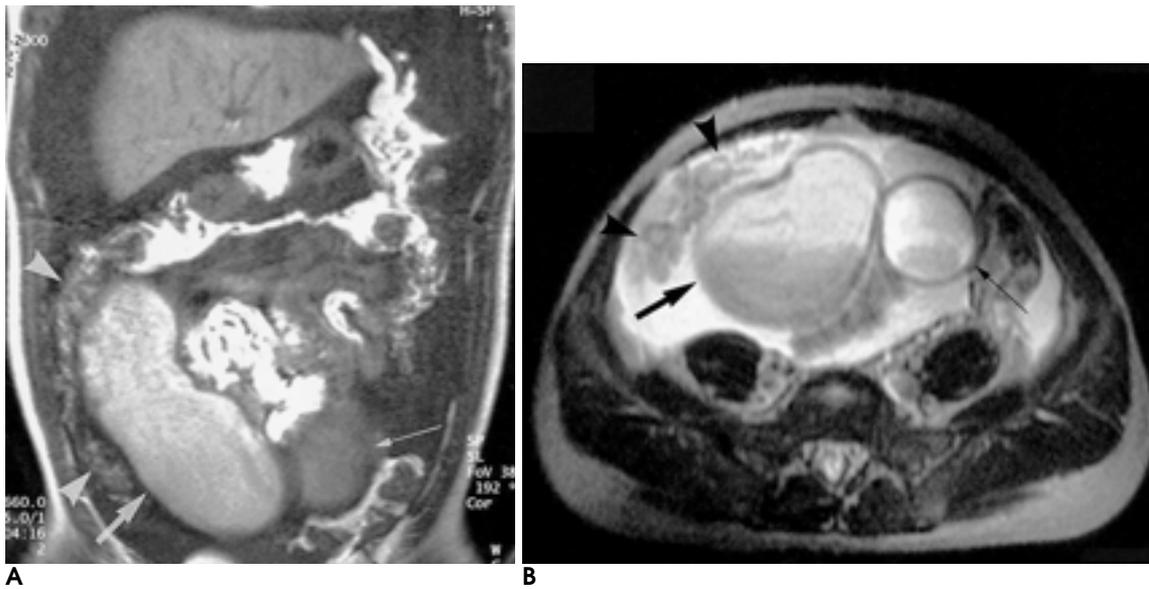


Fig. 3. MR imaging.

A. Coronal T1-weighted image shows hyperintense (arrow) and hypointense (thin arrow) masses in the lower abdomen. Omental masses (arrowheads) are also seen.

B. Axial T2-weighted image shows two cystic masses with fluid-fluid levels in the lower abdomen. Omental masses (arrowheads) and ascites are noted.

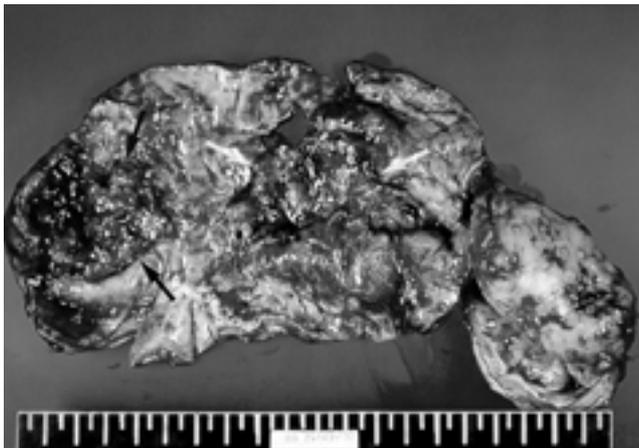


Fig. 4. Photograph of the resected specimen. Surgical specimen consists of two cystic masses with dumbbell appearance and has relatively smooth external surface with some small nodularity. The larger cyst was previously opened and the inner surface reveals two portions of mucoid masses (black and white arrows).

가 . 가
 가 . 가
 (tubular type) (spherical type)
 (2, 5, 6). 4
 (6).

. Orr (5)
 8
 ,
 ,
 (epithe-
 lial instability) 가 가
 (carcinoid)
 가 (2, 3, 5).
 1
 (3). 가
 가 2 (4).
 가
 가
 (2, 3). 가
 가 가

MRI

가 . MRI

가 , ,

(1, 3, 5),

가

가

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Adenocarcinoma Arising in an Ileal Duplication Cyst with Peritoneal Seeding: A Case Report¹

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We report a case in which mucinous adenocarcinoma arose in a duplication cyst at the distal ileum with intraperitoneal seeding. A thirty-three-year-old male patient presented with abdominal distension. Ultrasonography, CT and MR imaging revealed a dumbbell-shaped cystic mass adherent to the small intestine. The wall of the mass was thickened in two areas and contained inhomogeneous materials. A large amount of ascites with irregular masses along the greater omentum were seen present. Surgery revealed a duplication cyst adherent to the ileum. Pathologic examination proved that the thickened portions of the wall of the mass were mucinous adenocarcinoma, and that the nodules on the greater omentum were metastatic adenocarcinoma.

Index words : Intestines
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Computed tomography (CT)
Magnetic resonance (MR)

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