Asymptomatic thoracic esophageal duplication cyst in a young adult with bronchiectasis

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INTRODUCTION

Benign esophageal cysts—a type of gastrointestinal duplication cysts are rare embryonic malformations with an incidence of 1:1,00,000 in childhood with only 160 cases reported in the adults. Duplication can occur in any part of esophagus but the most common is lower thoracic region to right.[1] Esophageal cysts though asymptomatic in most cases may manifest with dysphagia, hematemesis, and sometimes malignant transformation, which warrants surgery in these patients.[2] Based on morphology, esophageal duplications may be cystic, tubular, and diverticular with cystic being the most common. Here we present a case of tubular esophageal duplication cysts diagnosed incidentally in a young adult.

PRESENTATION

An 18-year-old female presented to medicine outpatient department with chief complaints of fever, cough, and breathlessness for 1–2 months. Fever was high grade, associated with chills and rigor. She also had productive cough with expectoration of copious, non-foul smelling sputum. This was associated with breathlessness and left-sided, dull aching chest pain. Past history failed to reveal any history of tuberculosis, dysphagia, odynophagia, and recurrent vomiting.

On examination, the patient was febrile and had clubbing. The rest of the general physical examination was unremarkable. Chest revealed coarse, leathery crepitations in base of left lung. Other systemic examination was normal. An initial working diagnosis of postinfective bronchiectasis was made.

Laboratory tests reported the hemoglobin to be 9.5 mg/dL and a raised leukocyte count, which settled during the course of treatment with antibiotics. Liver function tests, kidney function tests, and electrolytes were within normal limits. Sputum culture was sterile.

The chest radiography revealed bronchiectatic lesions in left lung lower zone, which was consistent with clinical findings and surprisingly revealed a cystic lesion on left side of trachea, just below carina [Figure 1], which led to possibility of a mass lesion in the thorax. In view of this, contrast-enhanced computed tomography of thorax was done and it revealed a tubular cystic lesion measuring 9.1 × 3.1 × 2.9 cm in the left paratracheal region with minimal fluid and thin enhancing wall causing slight deviation of trachea and esophagus to the right side. There were cystic and tubular bronchiectatic changes in all segments of left lower lobe with large cavity formation of 3.5 × 4.4 × 2.8 cm in superior segment [Figures 2 and 3].
Moreover, majority of the cases have a finding on the right, whereas we present a case of cyst on the left reflecting the embryogenesis.

In view of complications, the treatment of choice for asymptomatic esophageal cyst is surgery\(^5\); however, our patient was discharged on treatment for bronchiectasis and managed conservatively for esophageal duplication cyst.

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