

- Gastric duplication. *South Med J* 1974; 67:189-90.
3. Lewis PL, Holder T, Feldman M. Duplication of the stomach: report of a case and review of English literature. *Arch Surg* 1961;82:634-40.
  4. Lewis FT, Thyng FW. Regular occurrence of intestinal diverticula in embryos of pig, rabbit, and man. *Am J Anat* 1908;7:505-19.
  5. Bentley JFR, Smith JR. Developmental posterior enteric remnants and spinal malformations. *Arch Dis Child* 1960;35:76-86.
  6. Bremer JL. Diverticula and duplications of the intestinal tract. *Arch Pathol* 1944;38:132-40.
  7. Bishop HC, Koop CE. Surgical management of duplications of the alimentary tract. *Am J Surg* 1964;107:434-42.
  8. Holcomb GW 3d, Gheissari A, O'Neill JA Jr, Shorter NA, Bishop HC. Surgical management of alimentary tract duplications. *Ann Surg* 1989;209(2):167-74.
  9. Ildstad ST, Tollerud DJ, Weiss RG, Ryan DP, McGowan MA, Martin LW. Duplications of the alimentary tract. Clinical characteristics, preferred treatment, and associated malformations. *Ann Surg* 1988;208(2):184-9.
  10. Luks FI, Shah MN, Bulaitan MC, Lopresti PA, Pizzi WF. Adult foregut duplication. *Surgery* 1990;108(1):101-4.
  11. Macpherson RI. Gastrointestinal tract duplication: clinical, pathologic, etiologic, and radiologic considerations. *Radiographics* 1993;13(1):1063-80.
  12. Chawla A, Gadaleta D, Kenigsver K, Kahn E, Markowitz J. Erosion through the posterior gastric wall by a pancreatic pseudocyst secondary to gastric duplication. *J Pediatr Gastroenterol Nutr* 1991;13:115-8.
  13. Koltun WA. Gastric duplication cyst. Endoscopic presentation as an ulcerated antral mass. *Am Surg* 1991;57(7):468-73.
  14. Coit DG, Mies C. Adenocarcinoma arising within a gastric duplication cyst [review]. *J Surg Oncol* 1992;50(4):274-7.
  15. Wiczorek RL, Seidman I, Ranson JH, Ruoff M. Congenital duplication of the stomach: case report and review of the English literature. *Am J Gastroenterol* 1984;79(8):597-602.

## Radiology for the Surgeon Chirurgie et radiologie

### CASE 21. DIAGNOSIS

ENTEROCLYSIS — ADHESION CAUSING PARTIAL SMALL-BOWEL OBSTRUCTION

The answer to question “a” is enteroctysis, a double-contrast study of the small bowel following intubation of the duodenum. The diagnosis (question “b”) is adhesion (see Figure, arrow) causing partial obstruction.

In several centres, enteroctysis is now the primary radiologic technique used to investigate the small bowel. Accepted clinical indications for small-bowel radiography include the following: unexplained gastrointestinal bleeding, possible small-bowel tumour, small-bowel obstruction, Crohn’s disease and malabsorption.

The current literature reflects the limitations of the conventional small-bowel follow-through and the important contribution of enteroctysis in the work-up and subsequent management of patients with possible small-bowel disease.

#### Reference

1. Maglinte DDT, Kelvin FM, O’Connor K, Lappas JC, Chernish SM. Current status of small bowel radiography [review]. *Abdom Imaging* 1996;21(3): 247-57.

© 1998 Canadian Medical Association

