



Study of anterior mediastinal gastrointestinal duplication

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DESCRIPTION

The mediastinal disease is clinically diverse and may be manifested as cough, pain, and dyspnea, etc. CT is an imaging technique which will be able to diagnose mediastinal masses. Diagnosis can usually be confirmed by esophagoscopy, bronchial ultrasound guided mediastinal mass biopsy or percutaneous biopsy. The Video-assisted thoracoscopic surgery can remove the mass for pathological diagnosis and play a therapeutic role. Mediastinal gastrointestinal cysts or duplication are relatively rare. A previously healthy 42 years old man was transferred to our hospital with complaints of mild cough, chest tightness, a little amount of white sputum. The antibodies like tuberculosis antibodies and Antinuclear Antibodies (ANA) were negative. Chest X-ray showed an outsized amount of pleural effusion on the left side.

The mediastinal mass is cystic, and an outsized number of pancreatic tissue is seen within the cyst wall. The three structures of acinus, islet and duct are irregular, multi-focal distribution and a little amount of small intestinal wall or duct like structure is seen, also as intestinal mucosa, the remainder of the wall tissue is fiber, smooth muscle, fat, blood vessels, etc. within the foci, the cystic ductal structure of the pancreas is adenoma-like hyperplasia, secretion is retained, and secretion spill overs in some areas and an outsized number of animal tissue hyperplasia and lymphocyte infiltration within the local. The ultimate pathological diagnosis: (mediastinal) according to gastrointestinal duplication, or gastrointestinal cysts, with ectopic pancreatic mucinous cyst adenoma, and native secretions involving local lung surface, left pleural and chest wall

tissue. Hyperplastic animal tissue (Left pleura, chest wall nodules, lung tissue and lymph nodes) with hyaline degeneration, visible local calcification, chest wall nodules are hyperplastic animal tissue, of which a little numbers of ductal structures are seen in hilar lymph nodes, mediastinal lymph nodes, a little amount of lung tissue are often seen pleural thickening, animal tissue hyperplasia and focal lymphocytic infiltration. The patient recovered well after operation. The lymph vessel was removed without fever, chest tightness and dyspnea. Chest CT was followed up regularly in out patient clinic.

A Mediastinal lesion, the foremost common is bronchiectasis (50%-60%), and fewer common is that the alimentary canal duplications (7%-15%), which are usually located in posterior mediastinum. Ectopic development of pancreatic tissue is developmental, and abnormalities are found in approximately 2% of autopsy. 70%-90% of this abnormality is found within the alimentary canal. Duplications of the alimentary canal are rare congenital cystic abnormalities and that they share a standard neuromuscular coat and similar mucosal lining because the normal adjacent alimentary canal. Gastrointestinal duplication and pancreatic mucinous cyst adenoma are rarely found to coexist within the mediastinal mass. This study presents, mediastinal tumors are cystic and solid. They contain duplication of alimentary canal and pancreatic cyst adenoma and secrete mucus. Gastrointestinal duplication in an adult may be a rare entity because it's usually discovered in infants or children, they're cystic or tubular in shape, and clinical presentations are associated with the situ-

ation of the lesion and their components. The etiology of gastrointestinal duplications isn't clear. It's going to be associated with embryonic development and environmental factors. The patient we presented here was an adult patient with mediastinal mass and pleural effusion. No malignant cells were observed in histological pathology suggesting that the character of the lesion is benign. These reported mucinous cysts with malignancy (including borderline malignancy) have higher values of CEA than benign mucinous, inflammatory and serous cysts. There have been gastrointestinal and pancreatic tissues within the cyst wall of the resected mediastinum mass, including fibres, smooth muscle, fat, blood vessels. Localized calcifications was found in resected lung tissue, lymph gland and left pleura. The walls of benign teratoma usually contain various mature tissues, including cartilage, pancreatic islet,

and nerve tissues. Malignant mediastinal teratomas are characterized by the presence of varied tissues like embryonic structures. So this must be differentiated from teratoma. It's been reported that AFP serum levels are elevated in patients with mediastinal teratomas. Gastrointestinal duplications are rare congenital malformation that happens more often in youth, but some patients may show symptoms after adulthood. The pathogenesis remains unclear, and therefore the reform of the symptoms depend upon the sort of pathology and the location of the lesion. The most treatment method is surgical resection. The study presented was an alimentary canal duplication of the anterior mediastinum with ectopic pancreatic mucinous cyst adenoma and therefore the patient recovered well after surgical resection. Long-term prognosis must be confirmed by follow-up like chest CT.