

World Journal of *Clinical Cases*

World J Clin Cases 2019 November 26; 7(22): 3683-3914





REVIEW

- 3683** Colorectal cancer: The epigenetic role of microbiome
Sabit H, Cevik E, Tombuloglu H

ORIGINAL ARTICLE

Case Control Study

- 3698** Human podocyte injury in the early course of hypertensive renal injury
Sun D, Wang JJ, Wang W, Wang J, Wang LN, Yao L, Sun YH, Li ZL

Retrospective Cohort Study

- 3711** Relationship between acute hypercarbia and hyperkalaemia during surgery
Weinberg L, Russell A, Mackley L, Dunnachie C, Meyerov J, Tan C, Li M, Hu R, Karalapillai D

Retrospective Study

- 3718** Surgical treatment of patients with severe non-flail chest rib fractures
Zhang JP, Sun L, Li WQ, Wang YY, Li XZ, Liu Y
- 3728** Super-selective arterial embolization in the control of acute lower gastrointestinal hemorrhage
Ly LS, Gu JT
- 3734** End-stage liver disease score and future liver remnant volume predict post-hepatectomy liver failure in hepatocellular carcinoma
Kong FH, Miao XY, Zou H, Xiong L, Wen Y, Chen B, Liu X, Zhou JJ

Observational Study

- 3742** Treatment of hemorrhoids: A survey of surgical practice in Australia and New Zealand
Fowler GE, Siddiqui J, Zahid A, Young CJ
- 3751** Relationship between homocysteine level and prognosis of elderly patients with acute ischemic stroke treated by thrombolysis with recombinant tissue plasminogen activator
Li J, Zhou F, Wu FX

CASE REPORT

- 3757** Cystic fibrosis transmembrane conductance regulator functional evaluations in a G542X+/- IVS8Tn:T7/9 patient with acute recurrent pancreatitis
Caldrer S, Bergamini G, Sandri A, Vercellone S, Rodella L, Cerofolini A, Tomba F, Catalano F, Frulloni L, Buffelli M, Tridello G, de Jonge H, Assael BM, Sorio C, Melotti P

- 3765** Ulcerated intussuscepted jejunal lipoma-uncommon cause of obscure gastrointestinal bleeding: A case report
Cuciureanu T, Huiban L, Chiriac S, Singeap AM, Danciu M, Mihai F, Stanciu C, Trifan A, Vlad N
- 3772** Ultrasonographic evaluation of the effect of extracorporeal shock wave therapy on calcific tendinopathy of the rectus femoris tendon: A case report
Lee CH, Oh MK, Yoo JI
- 3778** Contrast-enhanced computed tomography findings of a huge perianal epidermoid cyst: A case report
Sun PM, Yang HM, Zhao Y, Yang JW, Yan HF, Liu JX, Sun HW, Cui Y
- 3784** Iatrogenic crystalline lens injury during intravitreal injection of triamcinolone acetonide: A report of two cases
Su J, Zheng LJ, Liu XQ
- 3792** Sagliker syndrome: A case report of a rare manifestation of uncontrolled secondary hyperparathyroidism in chronic renal failure
Yu Y, Zhu CF, Fu X, Xu H
- 3800** Pre-eclampsia with new-onset systemic lupus erythematosus during pregnancy: A case report
Huang PZ, Du PY, Han C, Xia J, Wang C, Li J, Xue FX
- 3807** Unilateral congenital scrotal agenesis with ipsilateral cryptorchidism: A case report
Fang Y, Lin J, Wang WW, Qiu J, Xie Y, Sang LP, Mo JC, Luo JH, Wei JH
- 3812** Metastatic infection caused by hypervirulent *Klebsiella pneumonia* and co-infection with *Cryptococcus meningitis*: A case report
Shi YF, Wang YK, Wang YH, Liu H, Shi XH, Li XJ, Wu BQ
- 3821** Allergic fungal rhinosinusitis accompanied by allergic bronchopulmonary aspergillosis: A case report and literature review
Cheng KJ, Zhou ML, Liu YC, Zhou SH
- 3832** Invasive aspergillosis presenting as hilar masses with stenosis of bronchus: A case report
Su SS, Zhou Y, Xu HY, Zhou LP, Chen CS, Li YP
- 3838** Retropharyngeal abscess presenting as acute airway obstruction in a 66-year-old woman: A case report
Lin J, Wu XM, Feng JX, Chen MF
- 3844** Thoracoscopic segmentectomy assisted by three-dimensional computed tomography bronchography and angiography for lung cancer in a patient living with situs inversus totalis: A case report
Wu YJ, Bao Y, Wang YL
- 3851** Single-lung transplantation for pulmonary alveolar microlithiasis: A case report
Ren XY, Fang XM, Chen JY, Ding H, Wang Y, Lu Q, Ming JL, Zhou LJ, Chen HW

- 3859** Respiratory failure and macrophage activation syndrome as an onset of systemic lupus erythematosus: A case report
Sun J, Wang JW, Wang R, Zhang H, Sun J
- 3866** Diagnosis of gastric duplication cyst by positron emission tomography/computed tomography: A case report
Hu YB, Gui HW
- 3872** Peritoneal cancer after bilateral mastectomy, hysterectomy, and bilateral salpingo-oophorectomy with a poor prognosis: A case report and review of the literature
Ma YN, Bu HL, Jin CJ, Wang X, Zhang YZ, Zhang H
- 3881** Apatinib for treatment of a pseudomyxoma peritonei patient after surgical treatment and hyperthermic intraperitoneal chemotherapy: A case report
Huang R, Shi XL, Wang YF, Yang F, Wang TT, Peng CX
- 3887** Novel frameshift mutation causes early termination of the thyroxine-binding globulin protein and complete thyroxine-binding globulin deficiency in a Chinese family: A case report
Dang PP, Xiao WW, Shan ZY, Xi Y, Wang RR, Yu XH, Teng WP, Teng XC
- 3895** Diffuse large B-cell lymphoma arising from follicular lymphoma with warthin's tumor of the parotid gland - immunophenotypic and genetic features: A case report
Wang CS, Chu X, Yang D, Ren L, Meng NL, Lv XX, Yun T, Cao YS
- 3904** Exogenous endophthalmitis caused by *Enterococcus casseliflavus*: A case report
Bao QD, Liu TX, Xie M, Tian X

LETTER TO THE EDITOR

- 3912** Microbial transglutaminase should be considered as an environmental inducer of celiac disease
Lerner A, Matthias T

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Ridvan Hamid Alimehmeti, MD, PhD, Associate Professor, Lecturer, Surgeon, Department of Neuroscience, University of Medicine, Tirana 1000, Albania

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now indexed in PubMed, PubMed Central, Science Citation Index Expanded (also known as SciSearch®), and Journal Citation Reports/Science Edition. The 2019 Edition of Journal Citation Reports cites the 2018 impact factor for WJCC as 1.153 (5-year impact factor: N/A), ranking WJCC as 99 among 160 journals in Medicine, General and Internal (quartile in category Q3).

RESPONSIBLE EDITORS FOR THIS ISSUE

Responsible Electronic Editor: Ji-Hong Liu

Proofing Production Department Director: Yun-Xiaojuan Wu

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Semimonthly

EDITORS-IN-CHIEF

Dennis A Bloomfield, Bao-Gan Peng, Sandro Vento

EDITORIAL BOARD MEMBERS

<https://www.wjnet.com/2307-8960/editorialboard.htm>

EDITORIAL OFFICE

Jin-Lei Wang, Director

PUBLICATION DATE

November 26, 2019

COPYRIGHT

© 2019 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjnet.com/bpg/gerinfo/240>

PUBLICATION MISCONDUCT

<https://www.wjnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>

Diagnosis of gastric duplication cyst by positron emission tomography/computed tomography: A case report

Ying-Bin Hu, Hua-Wei Gui

ORCID number: Ying-Bin Hu (0000-0002-1234-2046); Hua-Wei Gui (0000-0001-7175-641X).

Author contributions: Hu YB reviewed the literature, interpreted and contributed to manuscript drafting. Gui HW interpreted the imaging findings. All authors gave final approval for the version to be submitted.

Informed consent statement: Informed written consent was obtained from the patient for publication of this report and any accompanying images.

Conflict-of-interest statement: The authors declare that they have no conflict of interest.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article which was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Manuscript source: Unsolicited

Ying-Bin Hu, Hua-Wei Gui, Department of Gastroenterology, Puai Hospital (Wuhan Fourth Hospital), Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430033, Hubei Province, China

Corresponding author: Ying-Bin Hu, PhD, Academic Fellow, Chief Doctor, Department of Gastroenterology, Puai Hospital (Wuhan Fourth Hospital), Tongji Medical College, Huazhong University of Science and Technology, 473 Hanzheng Street, Qiaokou District, Wuhan 430033, Hubei Province, China. drhuyingbin@sina.com

Telephone: +86-27-68833383

Abstract

BACKGROUND

Gastric duplication cysts (GDCs) are extremely uncommon lesions and the definitive diagnosis of GDCs is challenging for gastrointestinal specialists. It is important that a differential diagnosis is performed to rule out the possibility of other diseases, mainly malignancies with a cystic component. Despite the use of multiple diagnostic modalities including endoscopy, the preoperative diagnosis of GDCs is challenging.

CASE SUMMARY

A 53-year-old female patient with a GDC was confirmed by positron emission tomography/computed tomography (PET/CT) instead of more conventional procedures such as endoscopic ultrasonography-guided fine needle aspiration (EUS-FNA). We propose that ^{18}F -FDG-PET/CT has higher accuracy than EUS-FNA and may be an effective technique for the characterization of duplication cysts.

CONCLUSION

Preoperative diagnosis of GDCs in adults is difficult largely due to their rarity and the absence of characteristic findings. In addition, few endoscopists include GDCs in the differential diagnosis when they encounter a lesion with cystic characteristics. ^{18}F -FDG-PET/CT with additional imaging data, may complement EUS-FNA in the diagnosis of GDCs.

Key words: Gastric duplication cyst; Positron emission tomography/computed tomography; Endoscopic ultrasonography-guided fine needle aspiration; Laparoscopy; Endoscopic submucosal dissection; Case report

©The Author(s) 2019. Published by Baishideng Publishing Group Inc. All rights reserved.

manuscript

Received: August 2, 2019**Peer-review started:** August 2, 2019**First decision:** September 23, 2019**Revised:** October 12, 2019**Accepted:** October 15, 2019**Article in press:** October 15, 2019**Published online:** November 26, 2019**P-Reviewer:** Caboclo JF, Skok P, Vorobjova T**S-Editor:** Dou Y**L-Editor:** Webster JR**E-Editor:** Liu JH

Core tip: Gastric duplication cysts (GDCs) are rare congenital gastrointestinal abnormalities. This is the first case report in which both endoscopic ultrasonography-guided fine needle aspiration and positron emission tomography/computed tomography approaches were used in the diagnosis and intervention of GDCs. Even though a panel of imaging modalities is available to consolidate the diagnosis, it is still recommended that a different operative approach to resect the cystic lesion is chosen, as most cases with symptomatic manifestations and/or complications have the possibility of malignant transformation at the time of presentation.

Citation: Hu YB, Gui HW. Diagnosis of gastric duplication cyst by positron emission tomography/computed tomography: A case report. *World J Clin Cases* 2019; 7(22): 3866-3871

URL: <https://www.wjgnet.com/2307-8960/full/v7/i22/3866.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v7.i22.3866>

INTRODUCTION

Gastric duplication cysts (GDCs) are extremely uncommon lesions and the definitive diagnosis of GDCs is difficult. It is important that a differential diagnosis is performed to rule out the possibility of other diseases, mainly malignancies with a cystic component. Despite the use of multiple diagnostic modalities including endoscopy, the preoperative diagnosis of GDCs is challenging. Some reports have proposed endoscopic ultrasonography-guided fine needle aspiration (EUS-FNA) as the most accurate technique for the identification of cystic lesions^[1]. However, it is challenging to retrieve high quality cytological and histological samples of the lesion. In addition to the risk of infection and bleeding, EUS-FNA is also associated with a potential risk of disseminating the malignant cells along the needle tract and into the peritoneum. Here we report a unique case in which both EUS-FNA and positron emission tomography/computed tomography (PET/CT) approaches were used in the diagnosis and intervention of GDCs. The rarity of this disease and the misdiagnosis by EUS-FNA prompted us to report this case.

CASE PRESENTATION

Chief complaints

A 53-year-old woman presented to our gastroenterology department with mild epigastralgia a few hours after consuming a considerable amount of meat.

History of present illness

The patient's symptoms started with mild epigastralgia, which had worsened in the last 2 h.

History of past illness

The patient had no previous medical history.

Physical examination

The patient's temperature was 36.8 °C, heart rate was 75 bpm, respiratory rate was 15 breaths per minute, blood pressure was 130/70 mmHg and oxygen saturation in room air was 99%. A physical examination revealed mild tenderness without any peritoneal signs.

Laboratory examinations

All hematological parameters were within normal ranges, including serum levels of amylase, carcinoembryonic antigen (CEA) and carbohydrate antigen (CA) 19-9.

Imaging examinations

Computed tomography (CT) revealed a cystic lesion apparently originating from the submucosa of the stomach, which was well-defined and had a homogeneous density. The lesion showed no intensity on contrast enhanced CT. Upper endoscopy revealed a subepithelial mass with a smooth surface at the greater curvature of the gastric cardia and fundus (Figure 1). EUS showed a 3.0 cm × 3.0 cm hypoechoic cystic lesion,

apparently located outside the serosa of the stomach (Figure 2). Neither abdominal nor mediastinal enlarged lymph nodes were identified. Some mucoid fluid and small tissue fragments of the cystic wall were retrieved by EUS-FNA. The cytological smear showed foamy histiocytes, and histopathologic examination showed mucinous materials. However, the cyst fluid from FNA showed CEA levels over 1500 ng/mL and CA-199 levels over 1200 U/mL. This suggested the possible diagnosis of a mucinous cystic neoplasm. Before surgery, the patient was referred for PET/CT. A 4.9 cm × 4.0 cm cystic mass showed no significant 18F-fluorodeoxyglucose (¹⁸F-FDG) uptake (Figure 3), which suggested that the gastric cystic lesion could be a GDC.

FINAL DIAGNOSIS

Pathologic examination of the surgical specimen revealed macroscopically a cystic lesion 3.5 cm × 3.5 cm × 3 cm in size with a mucoid content. Under the microscope, the inner side of the cystic lesion comprised a single layer of columnar epithelium with gastric glandular formation (Figure 4). The immunohistochemistry results showed CK7(+), Villin(+), CDX-2(+), CK20(-), ER(-), PR(-), PAX-8(-), and CD10(-). These features were consistent with a diagnosis of GDC.

TREATMENT

Considering the malignant potential of the cystic lesion based on its increasing size, a proximal gastrectomy was planned. Laparoscopic resection revealed the cystic mass contiguous to the greater curvature of the stomach, indicating the gastric origin of the cystic lesion, rather than pancreatic or left adrenal gland origin. The cyst was completely resected with partial wedge resection of the stomach.

OUTCOME AND FOLLOW-UP

The patient had an uneventful postoperative recovery and was discharged on the ninth postoperative day. The patient has been well since hospital discharge, and there is no evidence of recurrence during the 1-year follow-up period.

DISCUSSION

GDCs are rare congenital gastrointestinal abnormalities^[2]. These cysts are usually diagnosed during early childhood, as duplication cysts tend to be symptomatic at this age. Conversely, these cysts are usually asymptomatic during adulthood, and their diagnosis is challenging. Malignant transformation of these lesions has been reported^[3-5]; thus, accurate diagnosis is required. A recent report suggested that EUS-FNA may play a major role in the diagnosis of GDCs as it has a higher accuracy rate compared to traditional imaging techniques^[6]. However, the cystic lesion in our case was thought to share the layer of the submucosa of the proper stomach wall. This feature led to EUS misdiagnosis where the cystic lesion was concluded to exist outside the proper gastric wall. In fact, it was in the three-layered hyperechoic submucosa, which was mistaken to be the five-layered hyperechoic serosa. As observed in our case, the cystic lesion was found inside the gastric wall by surgery, rather than outside the gastric wall as shown by EUS. Although a cytological examination using EUS-FNA was performed in this case, the cellular and tissue samples showed nonspecific mucinous materials, which led to the misinterpretation of a mucinous cystic neoplasm without a final diagnosis. Of note, new technologies such as EUS-guided fine needle biopsy (EUS-FNB) appear to have comparable pathologic diagnostic yield to EUS-FNA^[7]. Further investigation is required to confirm whether EUS-FNB can extract more pathological tissue than EUS-FNA, and cause less complications in patients with cystic lesions^[8].

PET/CT using FDG, a glucose analogue, may have the ability to detect hypermetabolic neoplastic cells and help resolve the discrepancies obtained using different methods^[9-11]. In this case, the PET/CT scan showed normal FDG uptake in the cystic lesion, suggesting that this lesion was more likely a benign lesion. Moreover, PET/CT can suggest the possibility of GDC at preoperative diagnosis and with higher accuracy, compared to EUS-FNA. This may be partially due to the fact that duplication cysts are lined by columnar epithelium with gastric glandular formation similar to the adjacent proper gastric wall. Therefore, duplication cysts and



Figure 1 Upper endoscopy changes due to the gastric duplication cyst.

the proper gastric wall showed the same ^{18}F -FDG uptake rate in the PET/CT scan. Imaging techniques such as CT and enhanced CT are unable to provide an accurate diagnosis of these lesions, and perform rather poorly in terms of lesion characterization. Hence, ^{18}F -FDG-PET/CT with higher accuracy has been considered for the diagnosis of GDC.

The histiocytes in GDCs observed on EUS-FNA are easily mistaken for mucinous epithelial cells of cystic neoplasms^[12]. Mucin-producing well-differentiated adenocarcinoma of the pancreas or stomach may also mimic mucinous material similar to GDCs^[13]. Ancillary examinations, such as the level of CEA, CA19-9 and amylase, etc., also lends insufficient support to the differential diagnoses regarding the malignancy of cystic lesions^[14]. Definitive diagnosis is often achieved during pathologic and/or microscopic examination post-excision. If GDCs are diagnosed as benignant lesions, endoscopic submucosal dissection, which is less invasive, may be recommended. Otherwise, laparoscopic resection or surgical resection may be the preferred treatment^[15].

CONCLUSION

In summary, preoperative diagnosis of GDCs in adults remains difficult as these lesions are rare with no clear characteristic findings. In medical practice, very few endoscopists would consider GDCs in the differential diagnosis when they encounter a lesion with cystic characteristics. Technically, ^{18}F -FDG-PET/CT with additional imaging data, may complement EUS-FNA in the diagnosis of GDCs^[16,17]. Even though there is currently a panel of imaging modalities to assist the diagnosis, it is still recommended that a different operative approach is chosen for cystic lesions, as most cases with symptomatic manifestations and/or complications have the possibility of malignant transformation at the time of presentation.

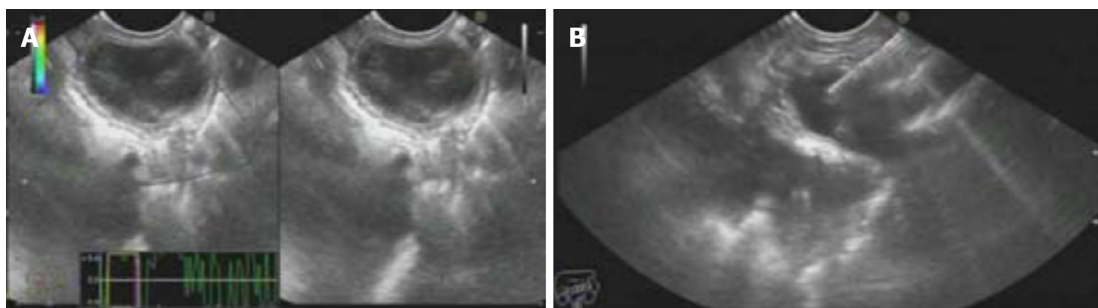


Figure 2 Endoscopic ultrasonography changes due to the gastric duplication cyst. A: Endoscopic ultrasonography changes due to the gastric duplication cyst; B: Endoscopic ultrasonography-guided fine needle aspiration shows the gastric duplication cyst.

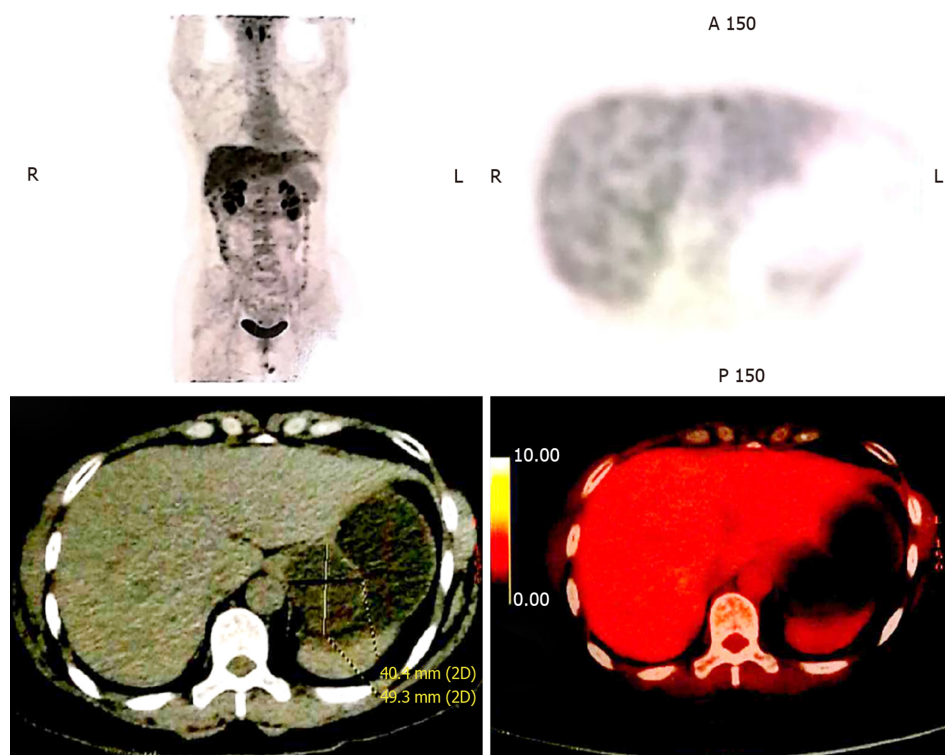


Figure 3 Positron emission tomography/computed tomography shows the gastric duplication cyst.

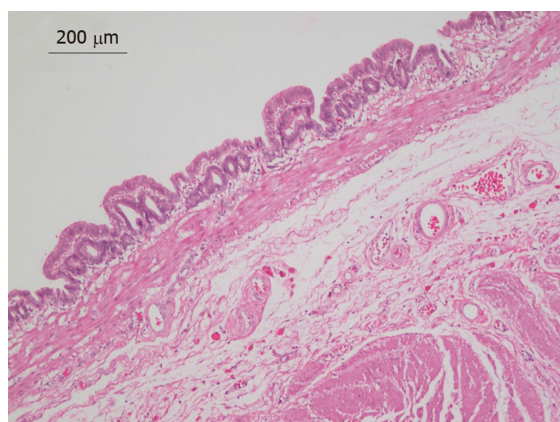


Figure 4 Pathological changes in the gastric duplication cyst (hematoxylin and eosin staining, $\times 100$).

ACKNOWLEDGEMENTS

We thank Prof. Dong Kuang, Department of Pathology, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology for technical assistance.

REFERENCES

- 1 **Napolitano V**, Pezzullo AM, Zeppa P, Schettino P, D'Armiento M, Palazzo A, Della Pietra C, Napolitano S, Conzo G. Foregut duplication of the stomach diagnosed by endoscopic ultrasound guided fine-needle aspiration cytology: case report and literature review. *World J Surg Oncol* 2013; **11**: 33 [PMID: [23374143](#) DOI: [10.1186/1477-7819-11-33](#)]
- 2 **Abdalkader M**, Al Hassan S, Taha A, Nica I. Complicated Gastric Duplication Cyst in an Adult Patient: Uncommon presentation of an uncommon disease. *J Radiol Case Rep* 2017; **11**: 16-23 [PMID: [29299102](#) DOI: [10.3941/jrcr.v11i8.3124](#)]
- 3 **Kuraoka K**, Nakayama H, Kagawa T, Ichikawa T, Yasui W. Adenocarcinoma arising from a gastric duplication cyst with invasion to the stomach: a case report with literature review. *J Clin Pathol* 2004; **57**: 428-431 [PMID: [15047751](#)]
- 4 **Geng YH**, Wang CX, Li JT, Chen QY, Li XZ, Pan H. Gastric foregut cystic developmental malformation: case series and literature review. *World J Gastroenterol* 2015; **21**: 432-438 [PMID: [25593458](#) DOI: [10.3748/wjg.v21.i2.432](#)]
- 5 **Yamasaki A**, Onishi H, Yamamoto H, Ienaga J, Nakafusa Y, Terasaka R, Nakamura M. Asymptomatic adenocarcinoma arising from a gastric duplication cyst: A case report. *Int J Surg Case Rep* 2016; **25**: 16-20 [PMID: [27289170](#) DOI: [10.1016/j.ijscr.2016.05.055](#)]
- 6 **Seijo Rios S**, Lariño Noia J, Abdulkader Nallib I, Lozano León A, Vieites Pérez-Quintela B, Iglesias García J, Domínguez Muñoz JE. [Adult gastric duplication cyst: diagnosis by endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA)]. *Rev Esp Enferm Dig* 2008; **100**: 586-590 [PMID: [19025312](#)]
- 7 **Crinò SF**, Larghi A, Bernardoni L, Parisi A, Frulloni L, Gabbielli A, Parcesepe P, Scarpa A, Manfrin E. Touch imprint cytology on endoscopic ultrasound fine-needle biopsy provides comparable sample quality and diagnostic yield to standard endoscopic ultrasound fine-needle aspiration specimens in the evaluation of solid pancreatic lesions. *Cytopathology* 2019; **30**: 179-186 [PMID: [30484917](#) DOI: [10.1111/cyt.12662](#)]
- 8 **Kandel P**, Wallace MB. Recent advancement in EUS-guided fine needle sampling. *J Gastroenterol* 2019; **54**: 377-387 [PMID: [30809717](#) DOI: [10.1007/s00535-019-01552-2](#)]
- 9 **Alongi P**, Laudicella R, Gentile R, Scalisi S, Stefano A, Russo G, Grassedonio E, Albano D, Pompei G, Rossi F, Raimondo D, Ganduscio G, Midiri M, Sinagra E. Potential clinical value of quantitative fluorine-18-fluorodeoxyglucose-PET/computed tomography using a graph-based method analysis in evaluation of incidental lesions of gastrointestinal tract: correlation with endoscopic and histopathological findings. *Nucl Med Commun* 2019; **40**: 1060-1065 [PMID: [31365492](#) DOI: [10.1097/MNM.0000000000001062](#)]
- 10 **Kwon Y**, Park E, Pak K, Kim S, Kim MJ, Graf D, Park S. Preoperative assessment of malignant potential of gastrointestinal stromal tumor by dual-time-point 18F-fluorodeoxyglucose positron emission tomography imaging: Usefulness of standardized uptake value and retention index. *J Cancer Res Ther* 2019; **15**: 142-147 [PMID: [30880770](#) DOI: [10.4103/jcrt.JCRT_1093_16](#)]
- 11 **Iliaz R**, Cavus B, Yegen G, Alcin G, Gulluoglu M, Karaca C, Demir K, Besisik F, Kaymakoglu S, Turkmen C, Akyuz F. Should we worry about incidental gastrointestinal tract involvement in positron emission tomography/computed tomography as gastroenterologist? *Acta Gastroenterol Belg* 2018; **81**: 471-475 [PMID: [30645914](#)]
- 12 **Namdaroglu OB**, Argon A, Aydogan S, Ozturk AM, Yakan S, Yildirim M, Erkan N. Gastric duplication cyst in adult: Challenge for surgeons. *J Minim Access Surg* 2017; **13**: 57-59 [PMID: [27251837](#) DOI: [10.4103/0972-9941.181772](#)]
- 13 **Yoda T**, Furihata M, Nagao S, Wada T. An Adult Gastric Duplication Cyst Mimicking a Gastrointestinal Stromal Tumor. *Intern Med* 2016; **55**: 2401-2404 [PMID: [27580540](#) DOI: [10.2169/internalmedicine.55.6402](#)]
- 14 **Sultan M**, Karanovic D, Chalhoub W, Ajmera A, Maufa F, Zeck JC, Shafa S, Johnson L, Haddad N. Gastric Duplication Cyst With Elevated Amylase: An Unusual Presentation Mimicking Pancreatic Cystic Neoplasm. *ACG Case Rep J* 2015; **2**: 86-88 [PMID: [26157922](#) DOI: [10.14309/crj.2015.13](#)]
- 15 **Izumi H**, Yoshii H, Abe R, Mukai M, Nomura E, Ito H, Sugiyama T, Tajiri T, Makuuchi H. Successful laparoscopic resection for gastric duplication cyst: a case report. *J Med Case Rep* 2019; **13**: 240 [PMID: [31319886](#) DOI: [10.1186/s13256-019-2129-1](#)]
- 16 **Tind S**, Vestergaard S, Farahani ZA, Hess S. Positron emission tomography/computer tomography in gastrointestinal malignancies: current potential and challenges. *Minerva Chir* 2017; **72**: 397-415 [PMID: [28565893](#) DOI: [10.23736/S0026-4733.17.07409-0](#)]
- 17 **Bargiggia S**, Dainese E, Parente F. Primary jejunal malignant melanoma detected by (18)F-FDG PET/CT and enteroscopy. *Dig Liver Dis* 2017; **49**: 1373 [PMID: [28666862](#) DOI: [10.1016/j.dld.2017.06.001](#)]



Published By Baishideng Publishing Group Inc
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-2238242
E-mail: bpgoffice@wjgnet.com
Help Desk: <https://www.f6publishing.com/helpdesk>
<https://www.wjgnet.com>

