

## Duodenal polyp a rare cause of repeated vomiting

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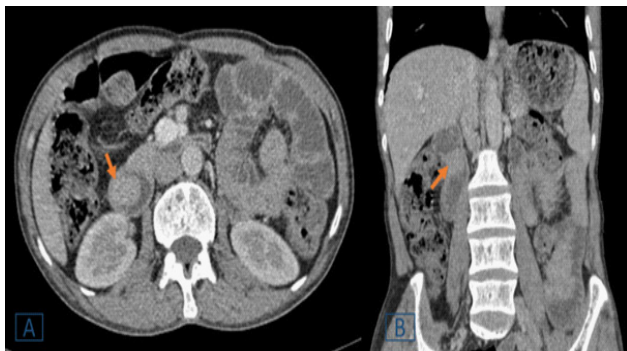
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### Clinical Image Description

A 50-year-old man without ATCD who suffers from dyspepsia and frequent vomiting, prompting him to seek medical help. There were no abnormalities found during the clinical evaluation. A CT scan of the abdomen was ordered to identify a duodenal polyp that was limiting the digestive light (**Figure 1**).



**Figure 1:** A duodenal endoluminal polypoid tissue process of 21 x 23 mm is shown on a transverse (A) and coronal (B) abdominal CT following contrast injection (orange arrow).

Peutz-Jeghers syndrome (PJS), juvenile polyposis, Cowden's disease, familial adenomatous polyposis, and Gardner's syndrome are polyposis syndromes that affect the duodenum [1]. Duodenal polyps are more common in children with polyposis syndromes, the majority of which are asymptomatic, according to a retrospective research in a pediatric population (aged 21 years) [2]. In the pediatric age group, duodenal polyps are seldom seen during standard high endoscopy (EGD) and radiographic investigations. In contrast, a recent study of adults using EGD and autopsy found a prevalence of up to 4.6 % [2]. Abdominal pain, vomiting, gastrointestinal bleeding, anemia, and intussusception or obstruction are among the symptoms [1, 2]. In comparison to the jejunum and ileum, duodenal disorders have received little attention in the imaging literature [1]. The exploration of the duodenum, which is still mostly examined by video endoscopy, has changed dramatically as a result of recent breakthroughs in imaging. However, advances in computed tomography (CT) and magnetic resonance imaging

(MR) have made it easier to detect and characterize anomalies in the genesis of duodenal masses [1]. They are used to assess intraluminal content, the duodenum wall, and the extraduodenal area. The scanner, in combination with optimum intestinal distension and intravenous iodine contrast, provides for a thorough examination of the duodenum. Similarly, MRI has been demonstrated to be useful in diagnosing a wide spectrum of duodenal disorders when combined with duodenal distension and intravenous administration of a gadolinium-based contrast agent [1]. For the detection and characterization of a wide spectrum of duodenal lesions generating masses, CT remains the preferred imaging modality [1]. Large polyps (> 15 mm) might cause small intestinal blockage, thus it's important to keep an eye on them to see which ones need to be removed [1]. Protocols for monitoring are still being debated. Important polyps (big polyps with a proclivity for intussusception or blockage) are detected by endoscopy [1].

Surveillance in patients with polyposis syndromes was the most common reason for EGD; most of these patients were asymptomatic at the time of their EGD. In patients without polyposis syndrome, the most prevalent reason for EGD was stomach pain and vomiting [2]. CT and MRI can theoretically be used to monitor patients with many polyps and determine the best treatment, which could include endoscopic, enteroscopic, or surgical ablation, or a combination of these methods [1].

### Competing Interests

The authors declare that they have no links of interest.

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