

# A case of late diagnosis of duodenal stenosis in an adolescent with Down syndrome

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## Introduction

Down syndrome (DS) is the most common chromosomal disorder associated with various organ malformations. Among these, gastrointestinal malformations are described in 4 to 10% of patients. The most common are duodenal atresia or stenosis, annular pancreas, imperforate anus, esophageal atresia, congenital megacolon [1,2]. Usually, the duodenal stenosis or atresia symptoms and signs onset early, during prenatal or neonatal period. The most of case reports reported in literature regards infants and nurslings. Few cases of late diagnosis of duodenal stenosis are described. Perhaps because of mental retardation some symptoms as vomiting could be underestimated [3-6].

## Case Report

We report the case of a 16-years-old boy with Down syndrome, outpatient, came to our attention because of dyspepsia and epigastric pain. He underwent esophagogastroduodenoscopy. The exam showed mild esophagitis, a few residual food in the stomach and normal pyloric sphincter. The duodenal bulb was considerably dilated, at least triple respect normal (it was possible to perform the retroversion maneuver inside it). The passage to the second portion of duodenum was impossible, even with the 6 mm gastroscope, because of the presence of an annular narrowing (Figure 1 and 2). So, the patient was referred to surgery.

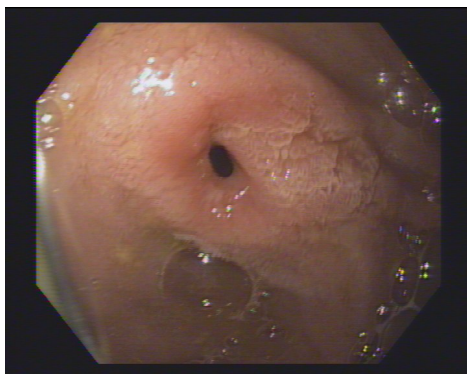


Figure 1. Stenosis of the duodenal apex

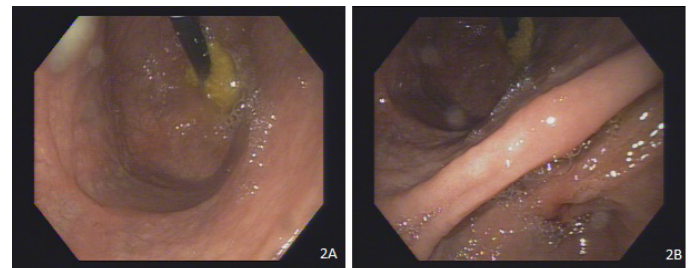


Figure 2. Dilation of duodenal bulb and retroversion maneuver inside it

## Conclusion

In conclusion, it could be useful remember that gastrointestinal malformations are common in Down syndrome and they would be considered in cases of gastrointestinal disturbances, even when the symptoms are mild, and the patient has passed the childhood age.

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