



CT Appearance of Duodenum Inversum - Clinical Images & Discussion Findings from a CT Image Series

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Clinical image description

Duodenum Inversum (DI), also known as inverted duodenum or duodenum reflexum, is an exceedingly rare congenital malformation

in which the terminal part of the duodenum, instead of continuing left to the ligament of Treitz, reverses direction and travels in a superior, posterior track prior to crossing the mid-line above the pancreas. Duodenum Inversum (DI) was first described in 1940 by Feldman and Morrison who described 14 such cases in 20,000 gastrointestinal X-ray examinations, with an incidence of 0.07 per cent [1].

We present a case of a 64-year-old woman presenting post COVID 19 infection with upper quadrant pain, CT showed splenic vein thrombosis and incidental finding of duodenum inversum. Our paper focuses on the CT appearance and description of this rare condition. In this article we endeavor to explain the unique anatomy of the pathology with the help of CT images.



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Description

Coronal reformatted images of contrast enhanced CT scan abdomen (venous phase) showing course of the duodenum (dotted red line) and direction (orange arrows). (a) normal curve of the duodenum is reversed. Third portion of duodenum, (b) turns to the right and (c) takes an upward course, then curving to the (d) left and crossing the midline above the pancreas. Normal course of duodenum turns to the left, crosses the midline and forms the duodenojejunal junction.

Comment

Duodenum inversum is thought to develop due to persistence of the dorsal mesentery with a mobile duodenum. Other congenital anomalies in fixation or position of the right kidney, pancreas, and transverse mesocolon are commonly associated with this condition. Duodenum inversum may mimic superior mesenteric artery syndrome and must be differentiated from redundancy of the first part of the duodenum, malrotation, closed duodenal loops and left-sided duodenum of situs inversus [2].

References

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2. Duodenum inversum https://link.springer.com/article/10.1007/978-94-007-2952-9_45

