

THE FORENSIC SIGNIFICANCE OF ENTERIC DUPLICATION

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The paper by Rasool et al⁽¹⁾ provides a clear overview of the variable presentations of enteric duplications, also known as enterocystomas, with a focus on abdominal complications. While the majority of enteric duplications involves the ileum and results in abdominal manifestations, it is important to recognise that the range of symptoms and signs may be considerably wider, given that these lesions/cysts may be found anywhere from the mouth to the anus.⁽²⁾ While other congenital lesions involving the upper aerodigestive tract, such as lingual thyroglossal duct cysts, teratomas and laryngo/tracheomalacia, may cause sudden and unexpected death due to respiratory tract obstruction,^(2,3) this is not a manifestation of enterocystomas. The reason is that lesions that cause airway compromise are usually located at critical positions (where an increase in size results in an associated decrease in luminal diameter of the airway). Conversely, enterocystomas of the mouth tend to involve the anterior tongue and are not placed in a position to occlude the airway. Symptoms and signs of such enterocystomas therefore relate mainly to swelling or fluid discharge.⁽²⁾ Thus, while enteric duplication cysts of the upper aerodigestive tract may be symptomatic, they are not usually associated with a significant outcome. This is similar to enteric cysts elsewhere, which, although found in cases of unexpected deaths, are usually unrelated to the terminal mechanisms.⁽⁴⁾ While the finding of enteric duplication cysts in forensic cases is notable, it is more likely an incidental discovery unrelated to the mechanism of death.

Yours sincerely,
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Editor's note: The authors, Rasool et al, have declined to respond to the above letter.