Introduction

Congenital gastrointestinal duplications can occur along the entire tract, but most commonly arise in the mid-gut. However, foregut duplications account for one third of cases, and can present with either respiratory or gastrointestinal symptoms. We present a case of foregut duplication presenting initially with a choking episode and persistent stridor.

Case Presentation

A 1-year-old boy first presented acutely with a choking episode and respiratory distress while eating grapes. Subsequently he developed persistent bi-phasic stridor and was referred to our ENT outpatient department. A microlaryngobronchoscopy revealed an 80% narrowing at the mid-tracheal level secondary to external compression. The abnormality was subtle on the initial CT scan but further ultrasound (Fig. 1) and MRI (Figs. 2 and 3) scans revealed a complex cystic lesion at the thorax inlet. Surgical excision confirmed a histological diagnosis of foregut duplication.

Discussion

Foregut duplication can present with a variety of different symptoms, and previous case reports and series have highlighted these. Acute presentations with respiratory distress and stridor can be challenging to manage, particularly as the aetiology can be unclear initially. In this case diagnosis required numerous imaging modalities and histological confirmation following surgical excision. Furthermore, surgical management maybe complicated by the close association to various structures including the major blood vessels.

Conclusion

This case study highlights the need to consider foregut duplication in cases of unusual presentation of choking and respiratory distress. This can pose a diagnostic challenge, particularly in the acute setting.