Dear Editor,

Heterotopic pancreas (HP) is the presence of an abnormally located focus of normally developed pancreatic tissue outside the boundaries of the orthotopic pancreas, without anatomical or vascular connections. Although HP is usually found in the upper gastrointestinal tract, it also could be found anywhere in the gastrointestinal tract, pelvis, and the thorax. HP has been reported as the cause of gastric outlet obstruction in an infant or a child. Gastric outlet obstruction and intussusception are the most common clinical presentations in symptomatic HP in the pediatric age group. However, gastric outlet obstruction caused by HP is very uncommon in elderly patients. Here, we report an uncommon case of HP in the duodenum, which caused an obstructive duodenal stenosis in an elderly man.

A 70-year-old man presented to our hospital with severe nausea and vomiting. Physical examination findings were normal except the distention on the epigastric area. Complete blood count and biochemical parameters were in normal ranges. Upper gastrointestinal endoscopy demonstrated a submucosal mass in the bulbar part that caused an obstruction of the duodenal area (Fig. 1). Multiple endoscopic biopsies were taken, but the results were unremarkable. The patient underwent a laparotomy. Distal subtotal gastrectomy and gastrojejunostomy were performed because of a presumed diagnosis of gastric outlet obstruction and submucosal tumor. Histopathologically was demonstrated a lesion between the proper muscular layer and the serosa of the duodenum, while it was constituted by pancreatic tissue with acinar cells, duct cells, and islets of Langerhans was observed (Fig. 2). The postoperative course was uneventful, and the patient was discharged on postoperative seventh day. The patient remained healthy and symptom free in the follow-up of 1 year.

HP tissue is often found incidentally in patients operated on for other reasons or during autopsies. The incidence is 0.11–0.21% on autopsy series, with a male to female ratio of 3:1. HP is usually asymptomatic. Symptoms because of mechanical obstruction are rarely observed. This disorder is difficult to diagnose preoperatively. Ultrasonography of the abdomen or computed tomography findings is usually nonspecific except for the presence of thickened gastric wall. Endoscopic ultrasonography has proven to be a useful adjunct in the identification of pancreatic rests, localizing in the submucosa and ranging from 0.5 cm to 2 cm. The combination of endoscopic ultrasonography with fine-needle aspiration allows cytological evaluation of submucosal gastrointestinal lesions, having a sensitivity range of 80–100%. However, there are few data regarding the accuracy of cytological evaluation with combination of endoscopic ultrasonography and fine-needle aspiration for HP. On the other hand, a diagnosis can occasionally be made on the basis of endoscopic biopsies. Histopathological examinations are inconclusive in some cases because normal gastric mucosa covers the lesions. In most of the cases, however, the diagnosis is confirmed only after surgical resection with pathological examination of the surgical specimens.

HP is generally caused from childhood, and it rarely shows symptoms. If HP is discovered as an incidental finding, local excision is recommended, especially when the HP-associated symptoms are observed. The prognosis is good after complete resection of the mass.

In conclusion, although gastric outlet obstruction caused by the HP is very uncommon and almost all were reported in children, HP should be considered in the differential diagnosis of a potentially obstructive gastric submucosal tumor in the elderly.

Fig. 1. Endoscopic image showing submucosal lesion in the bulbar part of the duodenum.
Fig. 2. Photomicrograph of the resection specimen showing pancreatic tissue within the gastric submucosa. The heterotopic pancreatic tissue contains acinar cells and ductal elements (hematoxylin and eosin, 100×).

References


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