Does it “ring” a Brunner’s gland bell?
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CASE REPORT

A 68-year-old female patient with a past medical history of chronic gastritis underwent an upper endoscopy for surveillance. A ring appearing-like structure covered with normal mucosa was found in the duodenum bulb (Fig. 1). Histology demonstrated Brunner’s gland hyperplasia without dysplasia or malignancy.

DISCUSSION

Mucosal bridge formation is an uncommon condition, characterized by bridging of two parts of the lumen that is believed to result from mucosal injury. It has been reported in colon, esophagus and stomach following inflammatory events (1-3). Inflammatory bowel disease, ischemic and infectious diseases, as well as ingestion of corrosive agents or radiation therapy, have been identified as possible causes. Pathogenesis of the mucosal bridge is possibly related to the undermining of the mucosa by ulceration followed by healing with re-epithelization of the mucosal undersurface and formation of a mucosal tube that is attached at each end to the non-ulcerated wall, persisting even after resolution of underlying disease. On histology, the mucosal bridge is characterized by chronic inflammation. On microscopy, the mucosal bridge is characterized by chronic inflammation. To our knowledge, this is the first case that reports a duodenal mucosal bridge. It may be associated with a past medical history of peptic ulcer disease (not mentioned) with Brunner’s gland hyperplasia being an incidental finding. Brunner’s gland is a submucosal, alkaline-secreting gland that is usually located in the duodenum bulb. Brunner’s gland hyperplasia/hamartoma is a common disease in the duodenum found in the 5th or 6th decade of life, but it rarely causes complications such as hemorrhage, obstruction, or intussusceptions.

Fig. 1. A ring appearing-like structure recovered by normal mucosa was visible with the help of biopsy forceps.

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REFERENCES