

Ectopic pancreas: a very unusual intestinal mass

Key words: Ectopic pancreas. Subepithelial mass. Bowel mass.

Dear Editor,

The ectopic pancreas (EP) is a rare congenital entity and its incidence is 0.25% (1). It is defined as the presence of pancreatic islets in the gastrointestinal tract which results in the loss of anatomical and vascular continuity with the orthotopic pancreas.

Case report

We report the case of a 35-year-old male with a sudden and intense abdominal pain. Physical examination revealed marked rebound tenderness over the whole abdomen. Laboratory values showed 26,700 leukocytes/mm³ (83% neutrophils) and a C-reactive protein level of 6 mg/dl. A computed tomography (CT) scan (Fig. 1A) identified a pneumoperitoneum and free intra-abdominal fluid. A diagnosis of a perforated hollow viscus was made and the patient underwent urgent surgery. A suture repair of the gastric perforation was performed via a midline laparotomy. A hard mass was found in the proximal jejunum as an incidental finding (Fig. 1B). A segmental bowel resection was performed that encompassed this lesion. Postoperative histopathological findings determined a diagnosis of EP (Fig. 1C). The patient had an uncomplicated recovery and was asymptomatic at 12 months post-surgery.

Discussion

The stomach, duodenum and ileum are the most frequent locations of EP (2). Generally, EP is asymptomatic and when presenting with symptoms, the most common clinical manifestations are abdominal pain or those derived from a complication, such as intestinal obstruction (3). The EP is usually found incidentally on imaging studies or during surgical procedures performed for another reason. Gastrointestinal

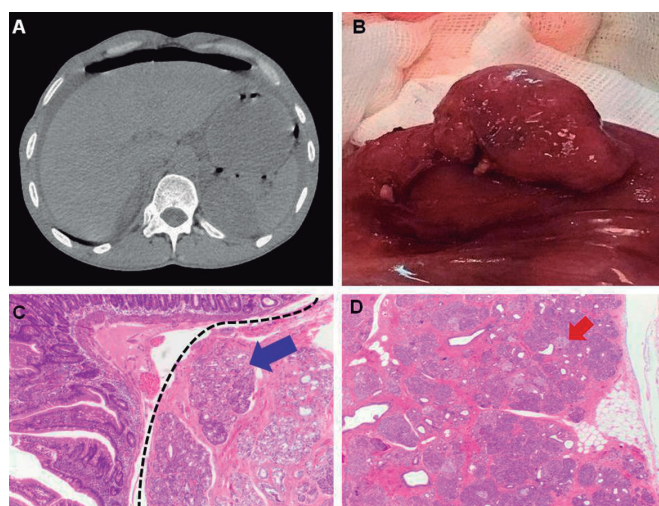


Fig. 1. A. Abdominal CT without intravenous contrast (slices of 5 mm) showed a pneumoperitoneum and free intra-abdominal fluid. B. Macroscopic appearance of the lesion: an irregular, rounded, lobed and hard jejunal wall mass of 5 cm in size. C. Histopathological findings (H&E stain): the intestinal villi are visible to the left of the dotted line and pancreatic acini (blue arrow) are shown to the right of the dotted line. D. Islets of Langerhans are shown (red arrow) (H&E stain).

stromal tumor, leiomyoma, lymphoma or accessory spleen should be highlighted among the differential diagnoses (4). Current management is not well established as malignant transformation of EP is infrequent. However, when found intraoperatively, a surgical resection with free margins is recommended in order to establish a definitive diagnosis by a histological study (5). Therefore, when a mass in the intestinal wall is found, EP must be included in the differential diagnosis.

Antonio Rodríguez-Infante¹, Daniel Fernández-Martínez¹
and Eduardo García-Iglesias²
Departments of ¹General and Digestive Surgery and ²Pathology, Hospital
Universitario San Agustín. Avilés, Asturias. Spain

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