

ABERRANT PANCREAS IN THE GASTRIC ANTRUM

MISTAKEN FOR MALIGNANCY

Rani Berry, MD¹, Harman Rahal, MD², Wendy Ho, MD³



¹Division of Gastroenterology and Hepatology, Stanford University School of Medicine; ^{2,3} Division of Gastroenterology and Hepatology, UCLA Ronald Reagan Medical Center

Learning Objectives

- To increase clinician awareness of ectopic pancreas and highlight the importance of a broad differential to abdominal pain.
- To remind clinicians that ectopic pancreas is usually asymptomatic until it is infected, creating an inflammatory process that can lead to an unnecessary malignancy work-up and/or surgical intervention.

INTRODUCTION

Ectopic pancreas, also known as pancreatic rest¹⁻² is defined as pancreatic tissue without vascular or anatomic communication with the main body of the pancreas³. This case highlights the work-up of a unique case of pancreatic rest masquerading as neoplasm and infection.

CASE

- A 32-year-old woman with a history only significant for B12 deficiency and travel to Singapore, Taiwan and Cuba who presented with gradually worsening epigastric discomfort, with transition to sharp right upper quadrant pain, nausea and vomiting.
- Initial vital signs were stable and physical exam revealed tenderness to palpation and guarding in the right upper quadrant to the epigastrium. No peritoneal signs.
- Serum laboratory tests were significant for a leukocytosis (17.7x10³ white cells per cubic millimeter) with a predominance of neutrophils (80%).

CASE Continued

- Endoscopic ultrasound with fine needle aspiration demonstrated a heterogeneous mass of 5 cm arising from the antrum, with normal appearance of the pancreas, and heavy growth of mixed gram-positive flora.
- Work up thus far lead to a conclusion of possible silent duodenal perforation, the patient was started on antibiotics and scheduled for surgery, which she declined and instead presented to us for a second opinion. Computerized tomography from admission showed a 9.5 cm cystic mass involving the gastro-duodenal junction (Figure 1). Subsequent imaging showed improvement in the size of the mass with a 1 cm cystic focus in the gastric antrum (Figure 2). Post discharge, upper endoscopy, showed no fluid collection, mass or abscess where that had previously been a mass. A 12x9 mm heterogeneous lesion was seen arising from the second layer of the gastric wall in the antrum, consistent with pancreatic rest (Figure 3).
- The patient was diagnosed with pancreatitis and a peri-pancreatic abscess occurring in the ectopic pancreatic tissue. The patient was discharged home with no further intervention.

IMAGING

FIGURE 1

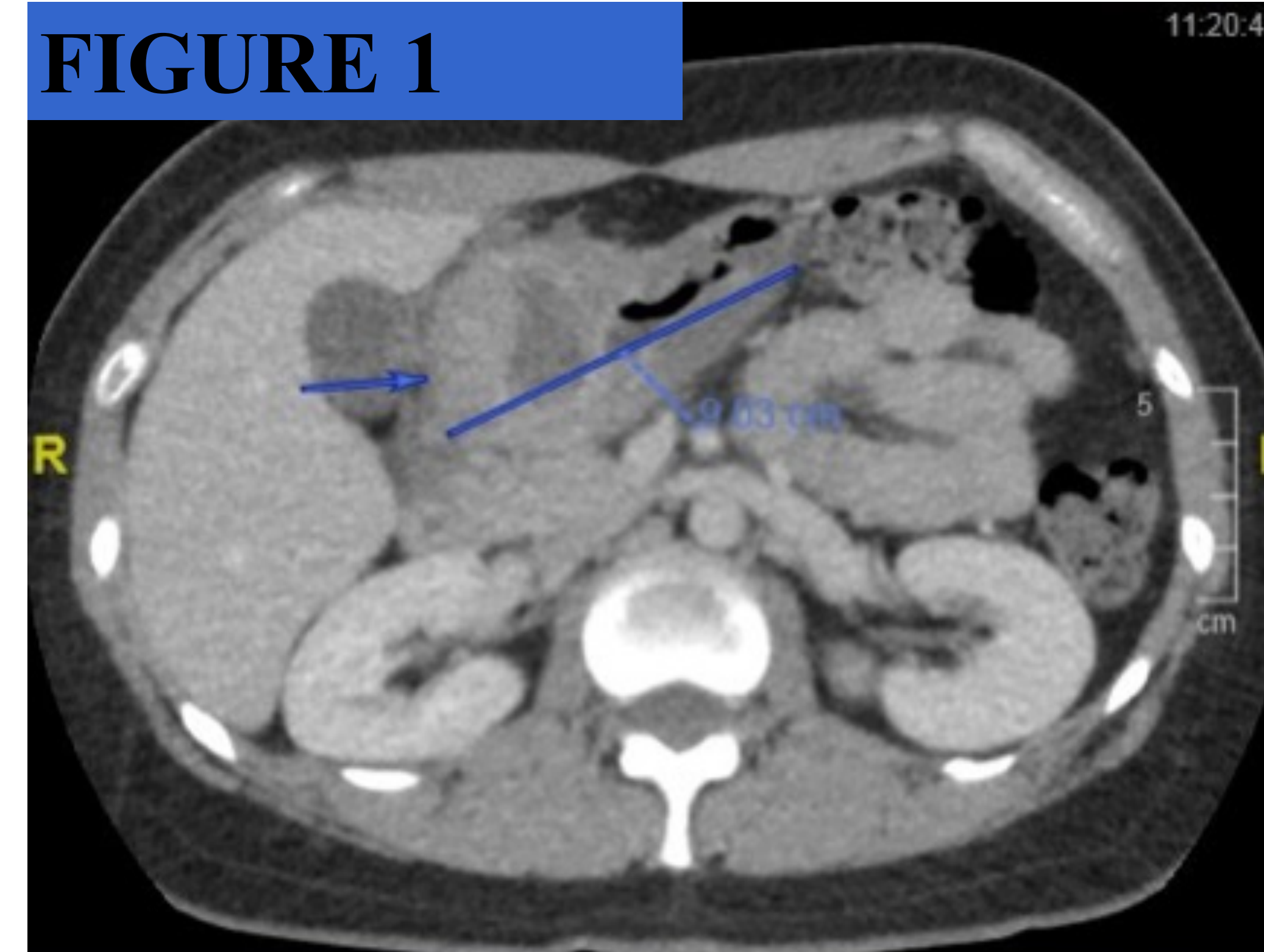


FIGURE 2

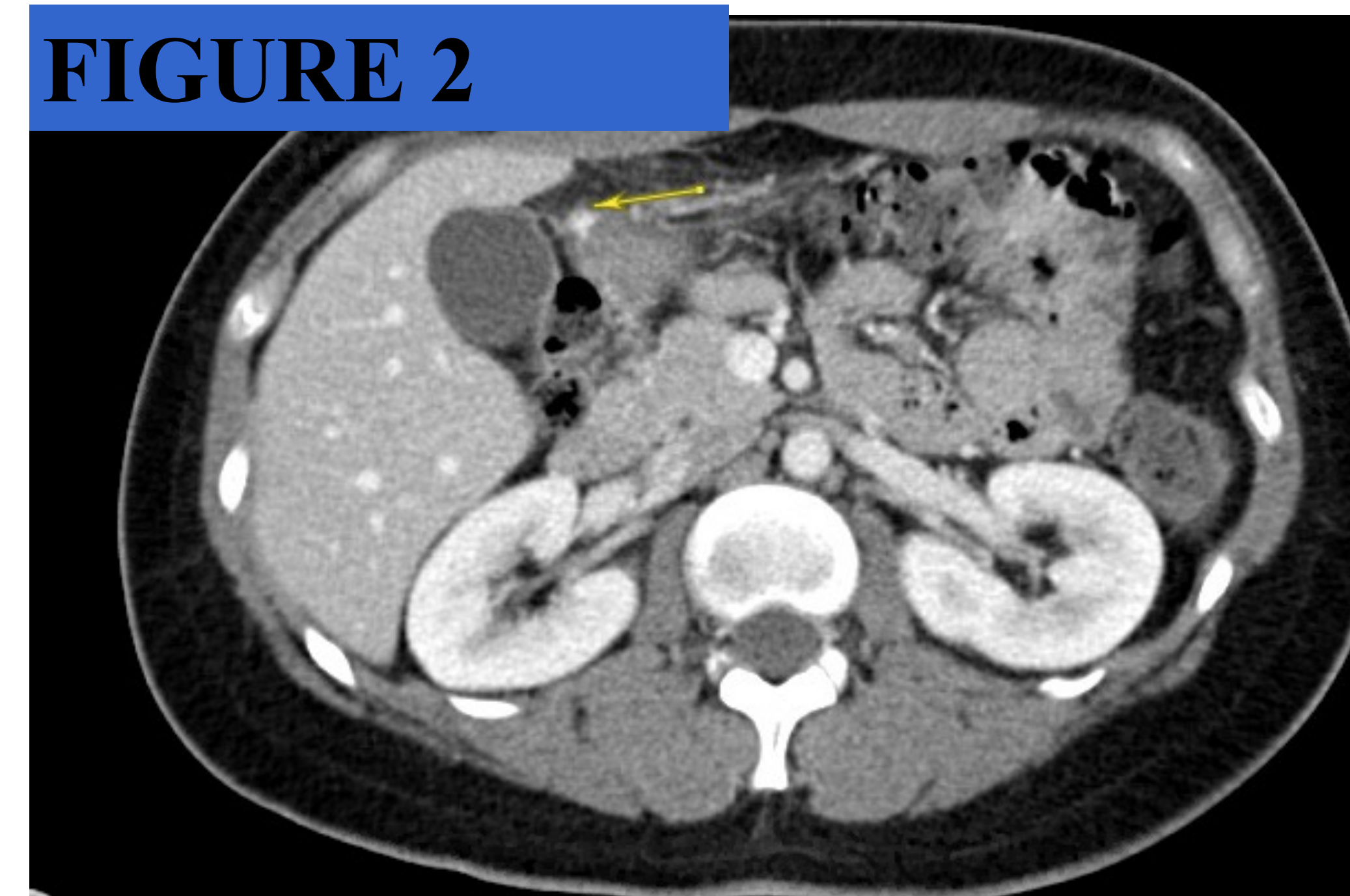
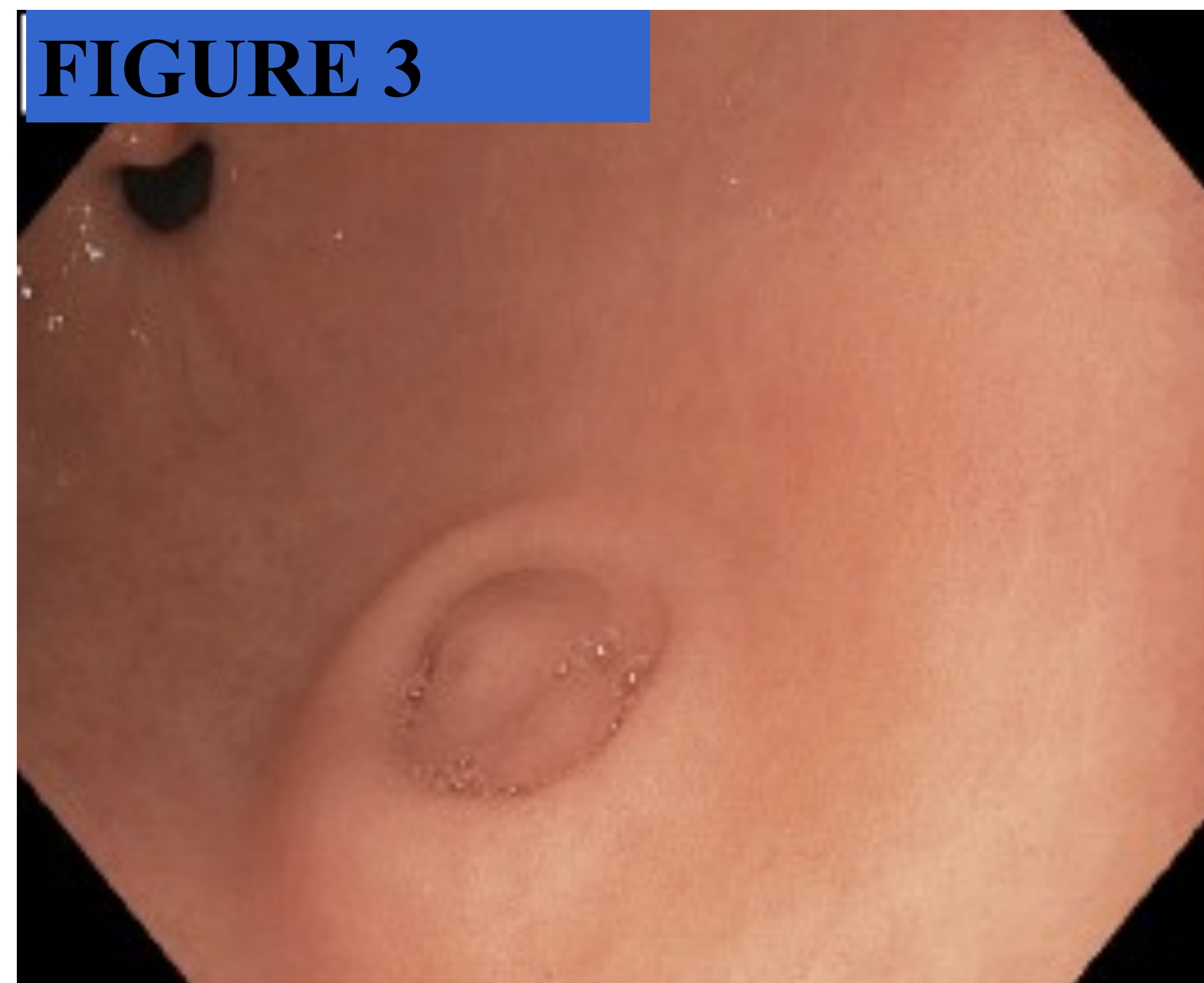


FIGURE 3



CONCLUSION

Infection or inflammation of ectopic tissues is an easily missed diagnosis that can lead to unnecessary malignancy work-up and surgery, as nearly occurred in this patient. Diagnosis is further made difficult because fine needle aspiration is superficial and results routinely show normal gastric biopsy¹, as was seen in our patient. Ectopic pancreas is an important consideration to prevent unnecessary work up and shorter hospitalization time for patients.

REFERENCES

- Sathyanarayana SA, Deutsch GB, Bajaj J, et al. Ectopic pancreas: a diagnostic dilemma. *Int J Angiol* 2012;21:177–80.
- Kim J Y, Lee J M, Kim K W. et al. Ectopic pancreas: CT findings with emphasis on differentiation from small gastrointestinal stromal tumor and leiomyoma. *Radiology*. 2009;252(1):92–100.
- Hsu S D, Chan D C, Hsieh H F, Chen T W, Yu J C, Chou S J. Ectopic pancreas presenting as ampulla of Vater tumor. *Am J Surg*. 2008;195(4):498–500.
- Mulholland K C, Wallace W D, Epanomeritakis E, Hall S R. Pseudocyst formation in gastric ectopic pancreas. *JOP*. 2004;5(6):498–501.
- Alastal Y, Khalil B, Singh S, Almadani SB. Ectopic Pancreas in the Gastric Antrum Wall Complicated by Ectopic Pancreatitis and Persistent Gastric Abscess. *ACG Case Reports Journal*. 2018;5:e34. doi:10.14309/crj.2018.34.