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CASE REPORT

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Gastric fundal heterotopic pancreas mimicking a gastrointestinal stromal tumour (GIST): a case report and a brief review

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Abstract

Background: Heterotopic pancreas is a rare congenital condition characterised by pancreatic tissue lacking vascular or anatomic communication with the normal pancreas. Most cases of ectopic pancreas are asymptomatic. The preoperative diagnosis of this condition is difficult.

Case presentation: A 50-year-old woman presented with dyspeptic symptoms of 4 years duration. Contrast enhanced CT (computed tomography) scan of abdomen suggested a gastrointestinal stromal tumour in the fundus of the stomach. The patient underwent laparoscopy assisted resection and subsequent histology revealed ectopic pancreatic tissue.

Conclusion: Although heterotopic pancreas is a rare lesion diagnosed on histology, it should be considered in the differential diagnosis of gastric mass lesions and in patients presenting with vague upper gastrointestinal symptoms.

Keywords: Heterotopic pancreas, Stomach, Endoscopy, Surgery

Background

Heterotopic pancreas is a rare developmental anomaly with a reported incidence of 0.55–14 % at autopsy [1], in approximately one in every 500 upper gastrointestinal surgical specimens and in 0.6–13 % of necropsies [2, 3]. Heterotopic pancreas is referred to as ectopic pancreas, aberrant pancreas, and pancreatic rest. Although it was first described in 1727 by Schultz in an ileal diverticulum, the first histological diagnostic confirmation was described by Klob [4, 5] in 1859. It is presence of pancreatic tissue without anatomic or vascular continuity with the normally developed pancreas. Although it is common to occur intra abdominally from anywhere along distal end of the oesophagus to the colon, it has been reported very rarely in extra abdominal sites such as mediastinal cysts, bronchi, lung, umbilicus and brain [6–8]. Intra-abdominal HP lesions commonly known to occur intestines although fallopian tubes, lymph nodes and spleen were rare sites [9]. Out of gastrointestinal lesions, commonest area is upper gastrointestinal tract i.e. stomach (30 %), duodenum (25 %) and jejunum (15 %). At rare instances it can also occur in association with hepatobiliaty organs such as liver, gallbladder, common bile duct, cystic duct [9].

Heterotopic pancreas is usually found incidentally and is generally asymptomatic. However it may become symptomatic when complicated by inflammation, bleeding, obstruction or malignant transformation [10, 11]. The most common heterotopic site is the stomach commonly involving antrum and prepyloric region on the greater curvature or posterior wall [12].

Case presentation

A 50-year-old woman presented with burning epigastric pain, loss of appetite and associated GORD (gastro-oesophageal reflux disease) symptoms for 4 years duration. She had a history of worsening symptoms of severe dyspeptic symptoms. There was no history of loss of appetite, post prandial vomiting or gastrointestinal bleeding. Previously she had undergone several

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