



Image of the Month

Intraductal papillary mucinous neoplasm developed on an ectopic gastric pancreas

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In January 2014, a 69-year-old man with end-stage renal disease requiring dialysis was evaluated for kidney transplantation. During the work-up, abdominal ultrasound found an ill-defined intraabdominal cystic lesion. Abdominal magnetic resonance imaging revealed a 60 × 50 mm multiloculated cystic lesion developed over the lesser gastric curvature (Fig. 1). An endoscopic ultrasound (EUS) confirmed a subepithelial 60-mm a cystic gastric tumour. Fine needle aspiration was negative for malignancy. In order to rule out a primary gastric tumor, surgery was scheduled. A partial gastrectomy was performed with an uneventful postoperative course. Gross pathology found a 60-mm cystic tumor located into the gastric wall. Histology found heterotopic pancreatic tissue composed by ducts and acini (Fig. 2) into the gastric wall. Epithelial cells were mucin-secreting and columnar with extensive intestinal metaplasia and low degrees of atypia. Mucinous deposits were present over the lesser omentum. The diagnosis of intraductal papillary

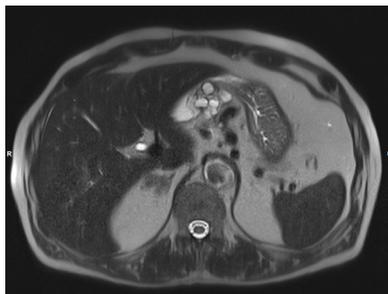


Fig. 1. Abdominal magnetic resonance imaging showing a 60 × 50 mm multiloculated gastric cystic lesion in the lesser curvature.

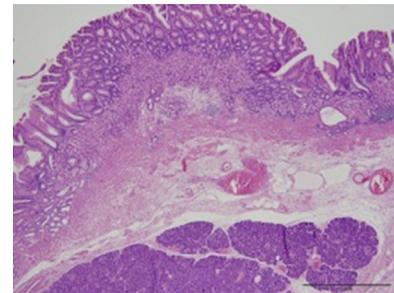


Fig. 2. Histological examination showing heterotopic pancreatic tissue into the gastric wall with acini and ducts.

mucinous neoplasm (IPMN) with low grade dysplasia developed on heterotopic gastric pancreatic tissue was established. Six years later the patient was doing well under dialysis. The prevalence of heterotopic pancreatic tissues ranges from 0, 6 to 15% and IPMN development has been rarely reported as a possible complication of a heterotopic pancreas [1]. Symptoms are unspecific and surgery should be advised based on the size and morphology of the lesion.

Conflict of interest

None declared.

Reference

- [1] Patel N, Berzin T. Intraductal papillary mucinous neoplasm arising in a heterotopic pancreas: a case report. *Am J Gastroenterol* 2010;105(November (11)):2513–4, <http://dx.doi.org/10.1038/ajg.2010.298>.

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