Ectopic or heterotopic pancreas refers to healthy pancreatic tissue that lacks anatomical, vascular or neural communication with the normal pancreas. However, heterotopic pancreas is seldom considered as a diagnostic hypothesis when symptomatic or when located outside of the gastric antral wall [1]. This case report describes the clinical and paraclinical features of pancreatic heterotopia in the gastric fundus in a previously healthy 25-year-old woman.

Initially, a gastrointestinal stromal tumor (GIST) was highly suspected because of its endoscopic (location and shape; Video 1), endoscopic ultrasound (emerging layer; Fig. 1, Fig. 2), and computed tomography characteristics; however, the histopathological evaluation revealed pancreatic heterotopia (Fig. 3). Although the patient was asymptomatic, we opted for surgical treatment because of the large size of the lesion, the atypical location in a highly vascularized part of the stomach, and the patient’s young age.

On postsurgical follow-up, only a small granuloma was found on the suture site, even though the surgery was not curative (R1 with remaining pancreatic tissue on one margin of the resection specimen) (Fig. 4). We emphasize the usual location of the pancreatic heterotopia (gastric fundus – despite up to 95% of cases being found in the antral location), and the layer from which the tissue developed (muscularis propria – which is seen in only 17% of cases) [2]. Moreover, we emphasize the difficulty in making an accurate diagnosis, which can only be obtained after surgery, and the need for regular postoperative follow-up to assess for remaining pancreatic rests, as some studies have shown up to 12.7% malignant transformation in pancreatic rests [3].

Despite the fact that ectopic pancreas is a rare condition, one must consider the differential diagnosis of extramucosal gastric lesions. Even though endoscopic

**Video 1** Endoscopic appearance of a submucosal lesion, with central ulceration, in the gastric fundus. Narrow-band imaging revealed regular microvascular and surface patterns, except for the central zone, which had irregular surface and vascular patterns.

**Fig. 1** A 23.1 × 9.8 mm oval lesion, homogeneous, located within the 4th hypoechoic layer, well delineated, and with possible extension of the lesion through the 5th hyperechoic outer layer.
ultrasonography has become an essential tool in diagnosing submucosal masses, sometimes it cannot make a clear distinction between pancreatic rests and GISTs. Preoperative and even intraoperative diagnosis is rare, and surgical excision by minimally invasive approach remains the recommended treatment in symptomatic cases [1, 4].

Corresponding author

Cătălina Diaconu, MD
Department of Gastroenterology, Floreasca Clinical Emergency Hospital, Floreasca Street 8, PC 014461 Bucharest, Romania
Fax: +40-21-5992300
catalinadiaconu89@gmail.com

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The authors

Cătălina Diaconu1, Mihai Ciocîrlan2, Mariana Jinga3, Raluca Simona Costache4, Gabriel Constantinescu1, Mădălina Ilie1, Mircea Diculescu4
1 Department of Gastroenterology, Floreasca Clinical Emergency Hospital, Bucharest, Romania
2 Department of Gastroenterology, Agripa Ionescu Hospital, Bucharest, Romania
3 Department of Gastroenterology, Central Military Emergency University Hospital, Bucharest, Romania
4 Department of Gastroenterology, Fundeni Clinical Institute, Bucharest, Romania

Competing interests

None