Endoscopic characterization and resection of Vanek’s tumor of the duodenum

A 66-year-old white man was referred following visualization of a duodenal mass on endoscopy. The patient had presented to his primary physician complaining of a 6-week history of nausea, vomiting, 20-pound unintentional weight loss, and melena. Initial physical exam revealed diffuse abdominal pain. Laboratory work-up revealed normocytic-normochromic anemia (Hb 9.4 g/dL), abdominal ultrasound showed a distended gallbladder, and abdominal computed tomography scan findings were negative. Esophagogastroduodenoscopy (EGD) revealed a pedunculated lesion 2 cm in diameter in the duodenum. The lesion was injected with epinephrine 1:10 000, and a marked increase in acute and chronic inflammatory cells, particularly eosinophils, was also observed. This eosinophilic infiltrate intermixed with intermingled fibrous and adipose tissue is characteristic of IFP (Vanek’s tumor).

Repeat EGD revealed a superficially ulcerated semipedunculated lesion. The lesion was resected using endoscopic submucosal dissection techniques, and the defect was closed using two clips. Key steps in the resection were creation of an adequate submucosal cushion, lifting of the lesion, incising around the base using endoscopic submucosal dissection techniques, and performing endoscopic mucosal resection. Histopathology revealed an inflammatory fibroid polyp (IFP), or Vanek’s tumor, with free margins (R0).

In summary, this case demonstrated the endoscopic and histologic characteristics of duodenal IFP, and showed that endoscopic resection solves the partial gastric outlet obstruction and gastrointestinal bleeding.

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Competing interests: None

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