We report on a case of jejunal cancer arising from heterotopic pancreas, as depicted by small-bowel radiography and double balloon endoscopy.

A 64-year-old woman was admitted to our hospital with abdominal distension and epigastric pain. Small-bowel radiography with double contrast study showed a stenosis in the jejunum and a dilatation of the proximal small intestine (Fig. 1). Oral double balloon endoscopy showed a smooth, ulcerating tumor that involved the jejunum circumferentially (Fig. 2). Under laparotomy, a solid mass was seen with a stenosis about 45 cm distal to the ligament of Treitz. Intraoperative enteroscopy from the anal side of the stenosis revealed a nodular and friable tumor with an ulcer (Fig. 3). The segment of the jejunum containing the tumor together with some enlarged lymph nodes were removed.

Macroscopically, there was a mass with an umbilication and an irregular ulcer, which was covered with normal mucosa (Fig. 4). Histologically, there was pancreatic tissue within the submucosa and the muscularis propria in the proximal part of the tumor, and adenocarcinoma cells were seen peripherally in the pancreatic tissue (Fig. 5 and 6). These findings were compatible with the diagnosis of adenocarcinoma originating from heterotopic pancreas. Although we treated the patient by chemotherapy with gemcitabine, she died as a result of carcinomatous peritonitis 5 months after the surgery.

Although extremely rare, there have been cases in which small-intestinal heterotopic pancreas was presumed to have transformed into adenocarcinoma [1–3]. The images from our case can be summarized.
as asymmetrical luminal narrowing with a smooth tumor in the oral side and an ulcerating nodular tumor in the anal side. Our case suggests that enteroscopists should regard heterotopic pancreas as a possible premalignant lesion.

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**Fig. 6** A high-power view of the carcinoma-tous area indicates that the cancer cells are arranged in tubular and cribriform patterns with abundant fibrous stroma.

**References**


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