

Heterotopic Pancreas Causing Intussusception in an Adult Patient

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Abstract

Ectopic pancreas is a rare phenomenon that usually does not cause symptoms and is detected incidentally during laparotomy. In this paper, a heterotopic pancreas case, a 43-year-old female patient has been reported. She has suffered from nausea and vomiting and abdominal pain for the last 48 hours. In the physical examination there was sensitivity and mass in the right lower quadrant. She was operated on as a patient with atypical ileus. As a result of the pathological examination, heterotopic pancreatic tissue was detected in the ileum wall.

Keywords: *Intussusception; Heterotopic Pancreas; Ileus*

Introduction

The heterotopic pancreas is usually asymptomatic and is a rare incident that occurs incidentally during laparotomy. When it becomes symptomatic, gastric outlet obstruction can occur with complications such as gastrointestinal bleeding, occlusion, mechanical bowel obstruction, acute pancreatitis, malignancy. Ectopic pancreas is a rare phenomenon that usually does not cause symptoms and is detected incidentally during laparotomy. We report a case of heterotopic pancreas which was caused intussusception.

Case Presentation

A 43-year-old female patient was admitted to the hospital (Şırnak State Hospital/44109/2018) with two days of nausea and vomiting and abdominal pain. It was learned that the complaints had continued for two days and the patient had nausea and vomiting. The patient with good overall condition showed sensitivity and mass in the right lower quadrant on the physical examination. There were no distances.

Small intestine-type air fluid levels are available on standing abdominal x-ray. The image of the ileal invagination with pelvic region was detected in the abdominal tomography taken (Figure 1). A lesion was observed in the ileum with a fat density of about 4.5 cm. The patient underwent fluid-electrolyte replacement, then the operation was taken. In the laparoscopic exploration procedure, intussusception was detected proximal to the ileocolic valve about 90 cm (Figure 2). Laparoscopic exploration converted to the conventional surgery. It was found to be mass in ileum, 10 cm proximal and distal of the chitin were excised and the ends of the intestine was anastomosed. No other pathology was found in the abdomen. As a result of the pathological examination, heterotopic pancreatic tissue was detected in the ileum wall (Figure 3).

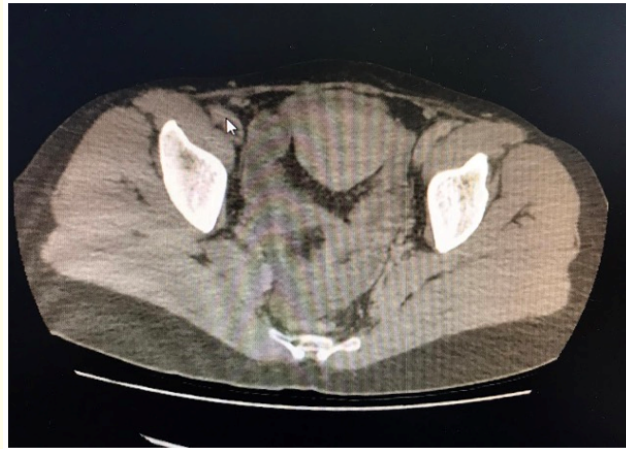


Figure 1: Preoperative computed tomography image of intussusception.

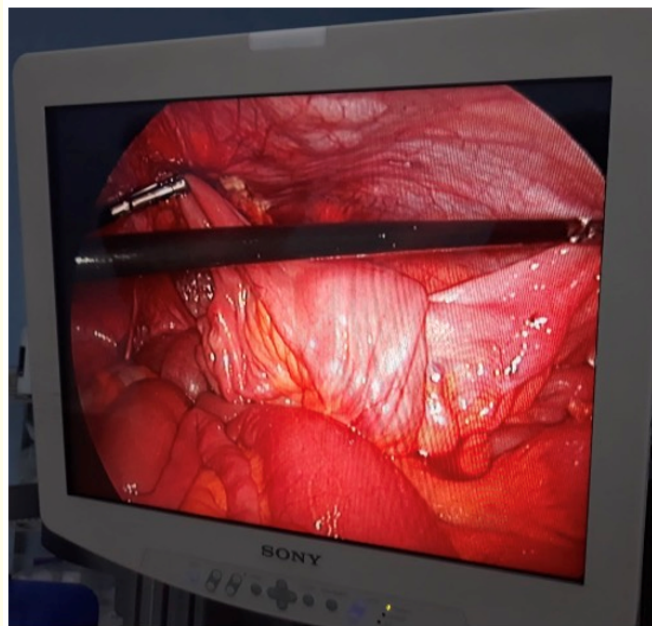


Figure 2: Intraoperative image of intussusception.

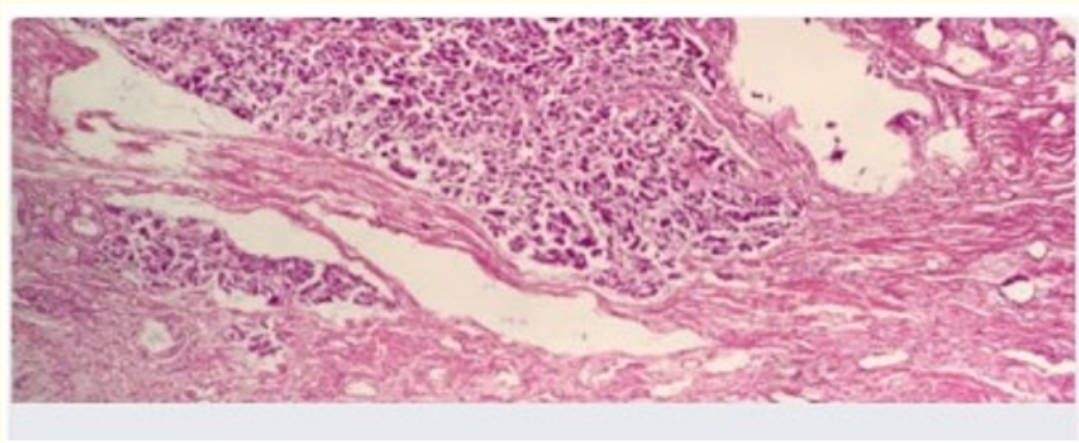


Figure 3: Microscopic image of intussusception.

Discussion

In different publications, it is mentioned that between 0,20% and 0,25% of all abdominal operations and 0,55-13% of autopsies are reported. Ectopic pancreatic tissue was found in 95% of the upper gastrointestinal tract; especially in the stomach, duodenum and jejunum. More rarely than outside; It has been reported to be seen in ileum, bile duct, biliary tract, colon, spleen, omentum, bladder, thorax, abdominal wall and Meckel diverticulum. Finding cases are mostly located in the stomach and duodenum regions. These include signs of abdominal pain, nausea-vomiting, and gastrointestinal bleeding. Intussusception is the telescoping of the proximal intestine into the distal intestine. Intussusception is mostly common in childhood, especially in 6 - 9 months. Approximately 80% of the cases are within the first year of life. The majority of intussusception cases in this age group (95 - 98%) are idiopathic. In older age groups, there is an initiating factor such as Meckel's diverticulum, polyp, Henoch-Schönlein purpura, ectopic pancreatic tissue.

Although the pathogenesis of the ectopic pancreas is not completely known, it is thought to be caused by a defect in the embryonic life that occurs during the rotation of the anterior lobe. It can be anywhere along the Foregut or proximal to the midgut. Laparotomies, which are mostly made for other reasons, do not show any signs, they are recognized as incidental. In the absence of laparotomy, it should be considered in the differential diagnosis of polyp, nodule or thickening of the focal wall of the upper gastrointestinal system. Identification of ectopic pancreas by imaging methods is difficult. The exact diagnosis is made by histopathologic examination. Ectopic pancreas tissue may show the same reactions (such as pancreatitis) with the normal-located pancreas, while the pancreas is completely healthy.

The most common localization of the heterotopic pancreas is stomach with a rate of 25 - 38.2% [1]. The lesion is mostly submucosal, as well as intramuscular and subserosal [2].

Duodenal and jejunum lesions tend to be larger in size and may range in size from 0.2 - 4 cm (mean 1.1 cm) [3]. In our case, the lesion has a long diameter of 1.6 cm and is larger than the mean size reported in the literature for proximal small bowel. Serious complications such as bleeding, ulceration, obstruction and invagination are the absolute surgical indications for ectopic pancreas [3-5]. Possible malignant changes require a serious approach. Total type heterotopic pancreas, all cell types of the pancreas and normal pancreas structure. Ductal type only ducts, exocrine type only acini, and endocrine type only islet cells [5]. It is the most common intussusception from childhood acute intestinal obstructions. More commonly seen in well-fed boys, male-to-female ratio; 2: 16. Emergency diagnosis is necessary. If the diagnosis is delayed, there is a risk that the intestine will go necrotic. Typical clinic in intussusception; colic style abdominal pain is caused by intermittent crying and unrest following the attacks of sedation, nausea-vomiting and strawberry jelly. This is the most common colic-like pain from the findings. It is more common in late-onset cases, especially in bloody gay.

As a result, the heterotopic pancreas, which is mostly asymptomatic, is detected incidentally, as if we were present. In our case, there is no evidence of malignancy histopathologically in the case of heterotopic pancreas, but heterotopic pancreatic tissues in the jejunum or the border should be excised when it is detected due to possibility of carcinoma transformation.

Conflict of Interest

The authors has no conflict of interest to declare.

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