Jejunal Mucinous Cystadenoma in Ectopic Pancreatic Tissue: a First Observation

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We report the case of an 87-year-old woman admitted for acute abdominal pain and faecal vomiting for four days due to intestinal obstruction. Her medical history revealed an early stage breast tumour operated in 2000, idiopathic pulmonary fibrosis with partial lobectomy in 2004 and hysterectomy in 2001. Clinical examination of the abdomen showed signs compatible with bowel obstruction. The diagnosis of small bowel ileus was confirmed on the abdominal CT-scan. The treatment was at first conservative with nasogastric tube and administration of Gastrografin® showed no improvement.

An extensive adhesiolysis was performed through midline laparotomy. A 2.5 cm in diameter, soft nodule was identified on the wall of the proximal jejunum. The nodule was stapler removed without narrowing the jejunal lumen. The postoperative course was uneventful. The histopathological examination showed exocrine and endocrine ectopic pancreatic tissue and a small mucinous cystic adenoma gastric type (Figs. 1, 2a,b).

Ectopic pancreatic tissue is a rare, mainly incidental finding with a prevalence of 0.25% in the general population [1]. When symptomatic, it may cause bleeding, ileus or unspecific abdominal pain. Ectopic pancreatic tissue is often located in the stomach (25-60%) but also in the jejunum (16%) [2] and rarely in the spleen. The occurrence of a mucinous cystadenoma in ectopic pancreatic tissue is even rarer and has not been described in the literature.

This is to our knowledge, the first description of a mucinous cystic adenoma in ectopic pancreatic tissue.

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Conflicts of interest: None to declare.

REFERENCES
