

## Heterotopic pancreas: a difficult diagnosis

A 45-year-old man was admitted to our hospital complaining of epigastric pain and nausea for 2 days. He had no history of systemic disease. Laboratory tests at admission, including amylase, were normal except for a  $12\,100/\text{mm}^3$  leucocyte count (89% polymorphonuclear). Abdominal ultrasonography revealed an irregular, hypoechoic solid lesion of  $37 \times 28$  mm, and computed tomography scan showed a 37-mm, thick-walled, extraluminal cystic lesion.

Gastroscopy revealed a submucosal lesion at the antrum of the stomach with a necrotic eschar on its surface (▶ Fig. 1; ▶ Video 1). Endoscopic ultrasonography showed a heterogeneous lesion suggesting muscular layer necrosis. The patient was successfully treated surgically by subtotal gastrectomy. Pathological examinations confirmed a diagnosis of aberrant pancreas (▶ Fig. 2).

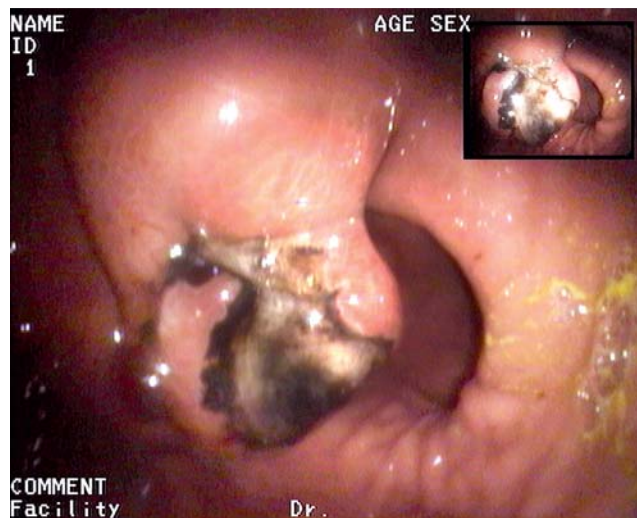
Heterotopic pancreas is the presence of pancreatic tissue lying outside of its normal location and lacking anatomic or vascular connections with the pancreas [1]. It is located in the antrum in 85%–95% of cases, and it is usually asymptomatic but may become clinically evident depending on the size, location, and the pathological changes [2]. In some cases, because the findings on imaging studies are not specific for aberrant pancreas, its pre-operative definitive diagnosis is difficult [3]. The definitive diagnosis of aberrant pancreas is attained on histopathological examination and it should always be considered in the differential diagnosis of gastric masses.

### Video 1

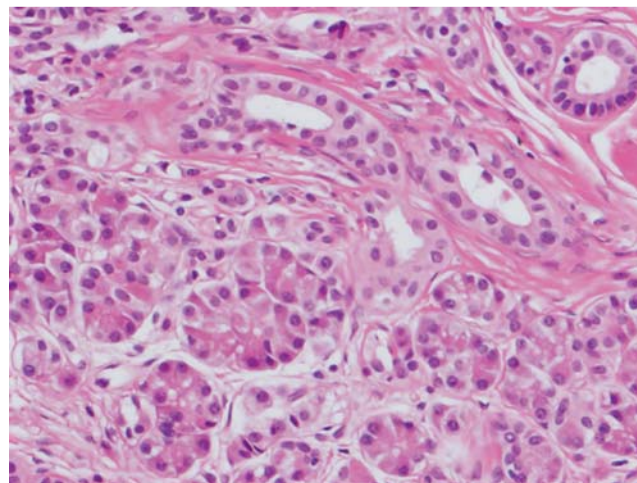
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**Competing interests:** None

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**Fig. 1** Gastroscopy revealed a submucosal lesion at the antrum of the stomach.



**Fig. 2** Pathological examination confirmed a diagnosis of aberrant pancreas.

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### Bibliography

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