

Jejunal ectopic pancreas: a rare cause of gastrointestinal bleeding diagnosed using balloon enteroscopy



Fig. 1 Video capsule endoscopic view of the jejunal lumen, in a 42-year-old man evaluated for obscure gastrointestinal bleeding, who presented with melena and iron deficiency anemia, showing an elevated lesion with erythematous mucosal surface (subepithelial tumor) in the jejunum.

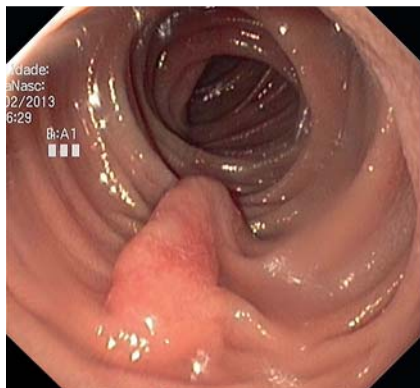


Fig. 2 Enteroscopic view of the jejunal lumen, showing a caterpillar-like subepithelial tumor with a smooth surface and focal erythema in the mucosa.

A 42-year-old man with arterial hypertension and human immunodeficiency virus (HIV) infection was admitted for investigation of melena. Blood tests revealed iron deficiency anemia (hemoglobin concentration was 4.9g/dL). On further questioning, the patient acknowledged having experienced several months of intermittent melena and recurrent episodes of abdominal pain. He denied weight loss or other gastrointestinal symptoms. Esophagogastroduodenoscopy and colonoscopy failed to identify a source of bleeding. To complete the evaluation, video capsule endoscopy was performed, which dis-

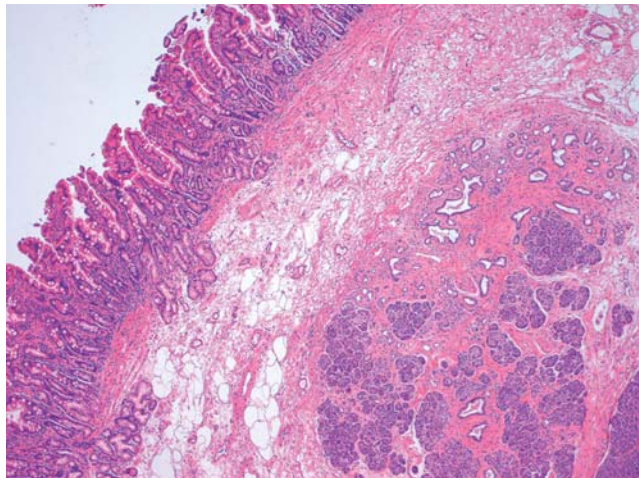


Fig. 3 Photomicrograph of the surgical specimen, demonstrating pancreatic tissue composed of acinar cells, prominent secretory ducts, and islets of Langerhans beneath a normal jejunal mucosa, consistent with heterotopic pancreas type 1 according to Heinrich's classification (original magnification $\times 20$; hematoxylin and eosin).

closed a subepithelial tumor located in the jejunum (▶ **Fig. 1**), without other relevant findings in the small bowel. Subsequent single-balloon enteroscopy (SIF-Q180; Olympus Medical Systems, Tokyo, Japan) was carried out through the oral insertion route. A 20-mm caterpillar-like subepithelial tumor was observed within the topography of the lesion previously described (▶ **Video 1**), with a smooth surface and focal erythema in the mucosa (▶ **Fig. 2**). Endoscopic tattooing was performed and the patient was referred for surgical resection. Pathologic examination revealed pancreatic acinar cells, prominent secretory ducts, and islet cells in the jejunal submucosa (▶ **Fig. 3**), consistent with ectopic pancreas (type I, Heinrich's classification). At 6-month follow-up, the patient remains asymptomatic. The term "ectopic pancreas" refers to pancreatic tissue that lacks anatomic and vascular connections with the parent organ [1]. Jejunal ectopic pancreas is a rare entity; it is usually asymptomatic and diagnosed incidentally by imaging. Very occasionally, it may become clinically evident when complicated by inflammation, obstruction, or bleeding, with melena and/or anemia [2], as in the present case. The enteroscopic findings have rarely been described. We report an unusual case of obscure gastrointestinal bleeding with severe anemia due to a jejunal ectopic pancreas, detected by video capsule endoscopy and single-balloon enteroscopy. It appeared caterpil-

Video 1

Anterograde single-balloon enteroscopy showing a jejunal subepithelial tumor, that after insufflation revealed a caterpillar-like appearance. The subepithelial tumor was subsequently tattooed and the patient referred for surgery.

lar-like on endoscopy, which has been suggested by Takeda et al. [3] and Tsurumaru et al. [4] to be characteristic of small-bowel ectopic pancreas. The differential diagnosis against other small-bowel subepithelial tumors is usually difficult [5]. Resection is the suggested treatment for complicated cases.

Endoscopy_UCTN_Code_CCL_1AC_2AH

Competing interests: None

Teresa Pinto-Pais¹, Rolando Pinho¹, Adélia Rodrigues¹, Germano Vilas Boas², Carlos Fernandes¹, Iolanda Ribeiro¹, Olinda Lima³, Alexandre Costa⁴, João Carvalho¹

¹ Department of Gastroenterology and Hepatology, Centro Hospitalar de Gaia/Espinho, Gaia, Portugal

² Department of Gastroenterology, Unidade Local de Saúde de Matosinhos, Porto, Portugal

³ Department of Histopatology, Laboratório Rodrigues Pereira, Porto, Portugal

⁴ Department of Surgery, Centro Hospitalar de Gaia/Espinho, Gaia, Portugal

References

- 1 *Dolan RV, ReMine WH, Dockerty MB et al.* The fate of heterotopic pancreatic tissue: a study of 212 cases. *Arch Surg* 1974; 109: 762–765
- 2 *Fikatas P, Sauer IM, Mogl M et al.* Heterotopic ileal pancreas with lipoma and coexisting fibromatosis associated with a rare case of gastrointestinal bleeding. A case report and review of the literature. *JOP* 2008; 9: 640–643
- 3 *Takeda Y, Nakase H, Chiba T.* Ectopic pancreas at the jejunum. *Dig Liver Dis* 2011; 43: e6
- 4 *Tsurumaru D, Utsunomiya T, Kayashima K et al.* Heterotopic pancreas of the jejunum diagnosed by double-balloon enteroscopy. *Gastrointest Endosc* 2007; 66: 1026–1027
- 5 *Rana SS, Bhasin DK, Nada R et al.* Heterotopic pancreas in the jejunum presenting as a submucosal lesion on endoscopy. *JOP* 2009; 10: 419–420

Bibliography

DOI <http://dx.doi.org/10.1055/s-0034-1365445>
Endoscopy 2014; 46: E504–E505
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author

Teresa Pinto-Pais, MD
Department of Gastroenterology and Hepatology
Centro Hospitalar de Gaia/Espinho
Rua Conceição Fernandes
Vila Nova de Gaia 4434-502
Portugal
Fax: +351-22-7865100
teresapintopais@gmail.com