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Case Report
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Ectopic Gastric and Pancreatic Tissue in An Ileal Lipoma-Pathological Rarity Causing Intussusception

MG Abhishek[1], Pravallika J*[2], and Vijay Shankar[1]

[1]*Pathology, Adichunchanagiri Institute of Medical Sciences, Adichunchanagiri University, BG Nagara, Mandya, India*
[2]*Pathology, Venkateshwara institute of medical sciences, Venkateshwara Nagar, Gajraula, Amroha (U.P), India*

ABSTRACT

The word "Heterotropia" means other places, the words gastric and pancreatic heterotropia mean the presence of gastric or pancreatic tissue outside the normal location. It is most often misdiagnosed or over diagnosed due to a rare clinical presentation. Hence, we report a rare case of ectopic gastric and pancreatic tissue in an ileal lipoma in a 31-year-old female who was admitted with the complaint of pain and distension of the abdomen. The diagnosis was confirmed at histopathology. We present this case due to the coexistence of all three histological entities in a distal ileal lesion presenting as an intussusception.

Keywords: *Gastric heterotropia, Pancreatic heterotropia.*

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Corresponding Author: ***Pravallika J***
Email Address: ***jallipravallika3016@gmail.com***

INTRODUCTION

Derived from the concept of tissue being in "other places," heterotopia describes the ectopic presence of gastric or pancreatic elements in the gastrointestinal tract [1]. The reported incidence of these anomalies varies significantly in the literature, with autopsy findings citing a frequency between 0.55% and 13.7%. Because heterotopic pancreas (HP) is typically asymptomatic, it is most frequently documented as an incidental finding rather than a symptomatic condition [2].

Misplaced pancreatic tissue, or heterotopia, can manifest throughout the digestive tract but shows a predilection for the stomach and the first portion of the small intestine. In contrast, combined gastric and pancreatic heterotopia associated with an ileal lipoma is a diagnostic rarity. Such complex lesions are significant in clinical practice as they can serve as lead points for ileal intussusception [3].

While heterotopic gastric and pancreatic tissues are frequently encountered in the duodenum and jejunum, their occurrence within the ileum remains a clinical rarity [4].

We report a rare instance of concurrent gastric and pancreatic heterotopia arising within a submucosal lipoma of the distal ileum. To our knowledge, this is only the second documented case involving the coexistence of these three distinct entities at this anatomical site.

CASE REPORT

A 31-year-old female visited our institution at the medicine OPD for evaluation of pain in the stomach. On proper history, she complaint that intermittent epigastric pain and left upper quadrant pain lasting more than a week, for which she was admitted to the hospital. She also complains of sudden distension of the abdomen.

On physical examination, she had abdominal tenderness in the epigastric area, left lumbar and left iliac region, and the bowel sounds were normal.

No history of any previous abdominal surgery.

Laboratory examination revealed that blood investigations are within normal limits.

CECT abdomen and pelvis –shows a polypoidal mass in the distal ileum with features of intussusception.

Patients underwent ileal resection [ileostomy] with polypectomy. There was no procedure-related complication. There was no evidence of mesenteric or retroperitoneal lymphadenopathy, ascites or peritoneal disease.

Gross examination of the specimen shows a resected part of the distal ileum showing [Fig-1 &2] grey-brown polypoidal mass measuring 2x2x1 cm along the antimesenteric border.

The cut section of the polyp revealed a yellow, soft consistency.

Fig 1: Resected part of the ileum showing grey-brown polypoidal mass measuring 2x2x1 cm along the antimesenteric border.

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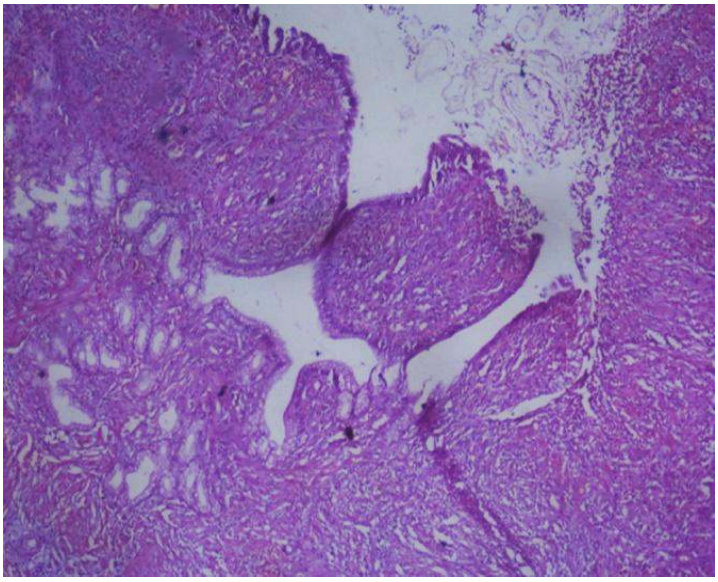
Fig 2: The ileum's resected part shows a grey-brown polypoidal mass along the antimesenteric border, which is grey-brown.

Fig 3: The cut surface of the polypoidal mass is well-circumscribed, grey-yellow, and soft.

Histopathology examination (HPE) revealed a polypoid lesion covered by the intestinal mucosa. Submucosa shows diffuse round adipocytes separated by thin fibrovascular septa resembling a Lipoma.

On closer observation, we noticed foci of pancreatic tissue consisting of pancreatic acini and pancreatic ducts and gastric tissue, which was an abnormal location favouring a diagnosis of Ectopic Gastric and Pancreatic heterotropia in an ileal lipoma [Fig. 3 & 4].

After surgery, the patient was discharged in a few days without complications.



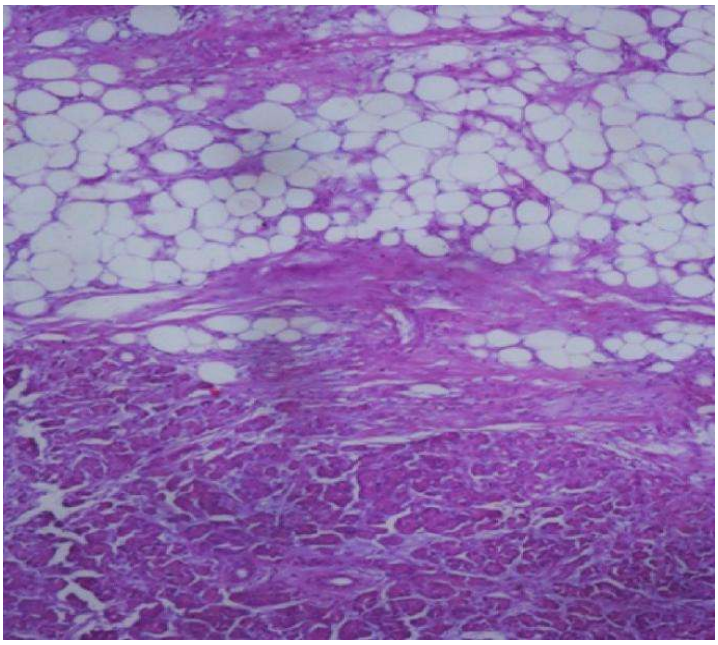


Figure 4 & 5: Figure -4 [40x], Fig -5[4x] Showing intestinal mucosa with lipoma and ectopic gastric and pancreatic tissue.

Sections Studied show colonic mucosa lined by columnar epithelium with many shaped goblet cells. Submucosa is unremarkable. Underlying the muscularis propria, an extensive area of pancreatic tissue with intercalated duct, interlobular duct and islet of Langerhans is noted.

Also seen are benign mature adipocytes separated by fibrovascular septa.

DISCUSSION

Gastric and pancreatic heterotopias are believed to be congenital in origin, appearing most frequently in the proximal gastrointestinal system. In contrast, ileal involvement represents a rare clinical finding. When present in the ileum, the heterotopic pancreatic tissue is usually localized within the submucosa, mucosa, or the muscular layers of the intestinal wall. [5].

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The most common site affected by heterotopic pancreatic tissue, following the stomach, duodenum, and jejunum, is Meckel's diverticulum [6]. Many authors have described a case of pancreatic and gastric tissue heterotropia in Meckel's diverticulum.

Only four cases have been reported in the literature to date, in which intussusception is caused by combined ileal heterotopic pancreatic and gastric tissue. Iucthman et al. reported the first case in a 15-year-old boy with intermittent ileocolic intussusception [7].

Ectopic pancreas and gastric heterotropia associated with lipoma of the ileum is a rare presentation and can be underdiagnosed as a leiomyoma or GIST [8].

Over a case shows a triple combination presenting as a polypoidal mass, and this is unique to this case.

CONCLUSION

The simultaneous presence of ectopic pancreatic tissue and a lipoma is an uncommon finding that often mimics other gastrointestinal submucosal lesions on CT imaging. Recognizing that these benign lipomas can co-occur with pancreatic heterotopia is essential for radiologists and clinicians to ensure an accurate diagnosis and guide clinical management.

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