ECTOPIC GASTRIC PANCREATITIS: UNUSUAL CAUSE OF EPIGASTRIC PAIN

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Ectopic pancreatic tissue has the same characteristics than normal pancreatic tissue. Therefore it may be affected by the same diseases. We report a rare cause of epigastric pain due to gastric heterotopic pancreatitis. The rare diagnosis was suspected by ultrasound and CT and definitively confirmed by echo-endoscopic guided biopsies.

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neoplasm but is a hamartoma of flat glandular tissue thereby resulting in a more flattened ovoid shape and a higher LD/SD ratio in comparison to a GIST (5). Only after intraglandular cyst formation, an ectopic pancreas can manifest as a large protruding submucosal mass. Furthermore a GIST tends to be more exophytic in growth in comparison to ectopic tissue which tends to have a more endoluminal growth (6). The degree and the pattern of contrast enhancement reflects the microscopic composition as described above. Leiomymomas show a homogenous enhancement pattern and are predominantly located in the cardia. Ectopic pancreas tissue is predominantly localized in the antrum, pylorus or duodenum (7). A prominent enhancement of the overlying mucosa can be seen exclusively in patients with ectopic pancreas tissue (8).

MRCP can also have a diagnostic role in detecting ectopic pancreas tissue by demonstrating an ectopic duct arising from a mesenteric or small bowel mass (9).

In most cases heterotopic pancreatic tissue is of no clinical importance, but sometimes complications can occur. A pancreatitis with possible formation of pseudocysts can arise or an adenoma/insulinoma can be formed. Malignant transformations have only rarely been reported (10). In our patient we could definitely depict the mass located in the stomach, which showed an inflammatory change compatible with pancreatitis.

**Conclusion**

Ectopic pancreas has an estimated incidence of 0.55 to 14% according to autopsy studies. Although this heterotopic tissue seldom causes clinical symptoms, ectopic pancreatitis of the stomach has been described. On CT-imaging a submucosal mass can be depicted and the differential diagnosis between a stromal tumor and ectopic pancreatitis can be made using criteria LD/SD ratio and localization. This ectopic tissue has the same characteristics as normal pancreatic tissue, therefore the same complications can occur. In our patient the heterotopic tissue inflamed, making its diagnosis much easier.

**References**