

## Gastric Heterotopic Pancreas Presenting as a Submucosal Tumor in a 27-Year-Old Male

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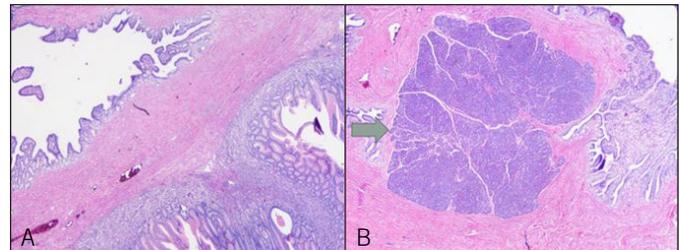
### Case Report

A 27-year-old male presented with intermittent dark, loose stools and fatigue, dizziness, and palpitations for 2 weeks. On exam, he was tachycardic with pale mucous membranes. Lab tests indicated normocytic anemia with hemoglobin of 5.4 g/dL. A positive fecal occult blood test suggested gastrointestinal bleeding as the cause of anemia. Esophagogastroduodenoscopy revealed a 4 x 5-cm firm subepithelial mass along the greater curvature of the distal gastric body with a large ulceration suspicious for gastrointestinal stromal tumor (GIST; Figure 1). There was no active bleeding and the remaining stomach and duodenum was normal. Laparoscopic partial gastrectomy was performed. Pathologic examination of the mass revealed pancreatic heterotopia displaying acinar cells in the midst of gastric mucosa with overlying ductal cells, negative for malignancy, with clear margins of resection (Figure 2). He recovered uneventfully and was discharged with no further intervention.

Heterotopic pancreas is a congenital anomaly where pancreatic tissue is found outside the boundaries of the pancreas. It is predominately asymptomatic and lesions are most commonly discovered incidentally in the fifth and sixth decades of life. It can be located in the jejunum (35%), duodenum (27%), and stomach (21%).<sup>1</sup> Most symptomatic cases are found in the stomach presenting as epigastric pain and nausea.<sup>1</sup> Histologic analysis is frequently inconclusive due to normal overlying gastric mucosa, and only 40% of biopsies provide conclusive results.<sup>2</sup> Asymptomatic lesions can be followed without surgical intervention; however, symptomatic lesions require local surgical excision.<sup>3</sup> Heterotopic pancreas should be considered in the differential diagnosis of submucosal gastric masses.



**Figure 1.** Endoscopic image of a 4-cm mass in the gastric body with a large ulcer at the base.



**Figure 2.** (A) Ductal cells overlying the gastric mucosa and (B) acinar cells in the midst of gastric mucosa.

### References

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### Disclosures

Author contributions: All authors had full access to all of the data in the report, and contributed equally to manuscript preparation. A. Rico is the article guarantor.

Financial disclosure: None to report.

ACG Case Rep J 2014;2(1):8–9. doi:10.14309/crj.2014.65. Published online: October 10, 2014.

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Informed consent was obtained for this case report.

Previous Presentation: This case was previously presented at the ACP Annual Residents and Medical Students Meeting; March 1, 2014; Orlando, Florida.

Acknowledgements: We would like to thank Mei Liang, MD, PhD, at the Orlando Regional Medical Center for assistance with the pathology report and Amar Deshpande, MD, GI Fellowship Program Director at the University of Miami for his assistance with the report.

Received: August 4, 2014; Accepted: September 15, 2014

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