中文題目: 胃內異位性胰臟:病例報告

英文題目: Gastric Ectopic Pancreas: A Case Report

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**Background:** Ectopic pancreas means the existence of pancreatic tissue outside the usual anatomical location of the pancreas and has no anatomical or vascular continuity with the regular pancreas. It may be found in the stomach, duodenum, jejunum and ileum, Meckel's diverticulum, and common bile duct. Most patients are asymptomatic, but some may develop symptoms if associated complications occur (such as epigastric pain, ulcer bleeding, CBD obstruction or intussusception).

Materials and Methods: A 58-year-old woman suffered from epigastric pain for more than one year. She didn't have other past histories. She came into our hospital and EGD showed a subepithelial lesion, about 2 cm in size, at the LC side of the lower body. Computed tomography scan of stomach demonstrated a submucosal tumor of lesser curvature of the stomach, approximately 2.2 cm in size, and gastrointestinal stromal tumor was suspected. With the diagnosis of GIST in stomach, surgical intervention was recommended. Physical examination was unremarkable. Her routine blood examinations were normal, including white blood cells, hemoglobin, platelet, renal function, liver function and tumor markers. Laparoscopic wedge resection of the stomach was performed uneventfully. The pathology of resected gastric lesion showed heterotopic pancreas. We performed a Pubmed search with use of the key words "heterotopic pancreas" and "ectopic pancreas" for a brief review. **Result:** A study investigating 5446 resected stomachs and found that the frequency of the gastric heterotopic pancreas was estimated to be 0.7%. However, the prevalence might be underestimated because many patients were asymptomatic. If symptoms or signs develop, the most frequent presentations may be abdominal pain, and/or abdominal fullness, and tarry stools. It was reported that about 90% of the ectopic pancreas was located in the pylorus and antrum. Endoscopically, the appearance of heterotopic pancreas may mimic subepithelial tumors in most cases. The sizes of ectopic pancreas were reported to range from 0.3 to 4.7 cm in diameter, and the shapes were variable. The diagnosis was hard to be made preoperatively. EUS is useful for evaluating subepithelial tumors-it may demonstrate some characteristics suggestive of the ectopic pancreas. Aymptomatic patients may not need treatment. As to symptomatic patients, the treatment options include surgical or endoscopic method. Conclusion: Gastric ectopic pancreas is an uncommon diagnosis.

Esophagogastro-duodenoscopy, CT scan and endoscopic ultrasound with or without FNA/biopsy may be helpful in diagnosis. Either surgical or endoscopic intervention help in treatment.