



Ileoileal Intussusception Due to Ectopic Pancreas Mimicking as Lipoma: A Case Report

L. Soundara Rajan^{1*}, Ajay Gulati², Kim Vaiphei³ and Vikas Gupta¹

¹Department of General Surgery, Post Graduate Institute of Medical Education and Research, Chandigarh, India.

²Department of Histopathology, Post Graduate Institute of Medical Education and Research, Chandigarh, India.

³Department of Radiology, Post Graduate Institute of Medical Education and Research, Chandigarh, India.

Authors' contributions

This work was carried out in collaboration among all authors. Authors LSR and VG designed the study, wrote the protocol and wrote the first draft of the manuscript. Author AG managed the radiology imaging and reporting. Author KV did the histopathological analysis and reporting. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

Ectopic pancreas is a rare congenital disorder in which pancreas can develop in any place other than its usual location. Ectopic pancreas in small intestine causing intussusception in adults is rare. We report a case of ileal ectopic pancreas with intussusception who presented with obstruction.

Keywords: Ectopic pancreas; lipoma; ileoileal intussusception; obstruction.

1. INTRODUCTION

Ectopic pancreas is location of pancreas other than its normal anatomical position with no vascular or other communication. Most common location of ectopic pancreas is stomach,

duodenum and jejunum [1]. Other locations include ileum, meckels diverticulum, mesentry, liver, spleen, mediastinum, genitourinary tract. Ectopic pancreas most commonly is identified as incidental finding [2]. Nonetheless it can also present with complications including bleeding,

*Corresponding author: E-mail: soundharlingam@gmail.com;

obstruction. It can also mimic like lipoma, polyps and diverticulum.

2. CASE REPORT

A 27 year aged young man presented to emergency department with complaints of abdominal pain, distension and vomiting for two days. On clinical examination abdomen is distended but there was no signs of peritoneal irritation. His blood parameters revealed elevated white blood cell counts. X ray showed features of obstruction and ultrasound showed bowel within appearance in the right iliac fossa. Computed tomography performed showed features of ileoileal intussusception with a small hypodense lesion measuring approximately 2.8x1.5 cm near terminal ileum most probably a lipoma as leading point.

proximal to ileocaecal junction with small elongated soft mass around 12 cm in length as leading point. En bloc resection of the segment with anastomosis of proximal and distal ends was made.



Fig. 3. Ileal intussusception



Figs. 1 & 2. CT showing ileoileal intussusception with a small hypodense lesion as leading point

With a working diagnosis of intussusception with lipoma as leading point the patient was taken up for emergency laparotomy. Intra operatively there was ileo-ileal intussusception about 100 cm



Fig. 4. Cut bowel showing the elongated lesion

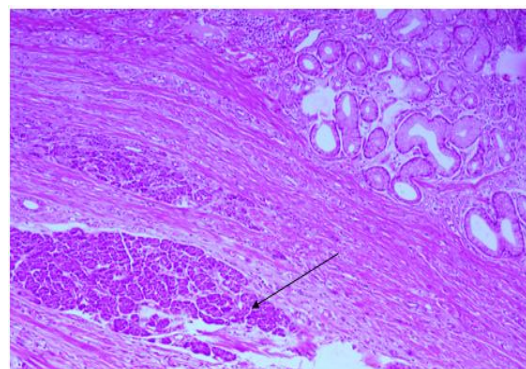


Fig. 5. Photomicrograph showing islands of pancreatic acini in between bundles of smooth muscles (arrow). Overlying submucosa shows presence of antral gland indicating antral metaplasia. (H&E, x140)

His postoperative course was uneventful. Histopathological examination of the resected specimen showed foci of islets cells within the muscularis layer of ileum with scattered acini and duct consistent with ectopic pancreas. His post-operative course was uneventful.

3. DISCUSSION

The first case [3] of ectopic pancreas was reported by Schultz in 1729. Most common location of ectopic pancreas is stomach, duodenum, jejunum and small intestine in ileum, meckels diverticulum, although rarely may also found in other locations [4]. Most commonly accepted theory for ectopic pancreas is aberrant migration of pancreatic tissue during embryological period [4,5]. Although most of the patients are asymptomatic, symptoms may be present in upto 30% of cases mandating surgery [6]. Histologically ectopic pancreas is classified into three based on Heinrich [7] classification system: Type 1 (containing acini, islets and ducts), Type 2 (acini and ducts, no islets) and Type 3 (ducts alone). Fourth type was added by Fuentes composed only of islet cells [8]. Our case represented type 1 heterotopic pancreas. Most common [4] location of ectopic pancreas in intestinal wall is submucosa and muscularis propria but may also found in subserosa and serosa. Morphologically [9] ectopic pancreas may also be divided into several types, such as bleeding type, inflammation type, ulcer type, obstruction type, tumor type and occult type. Our case is obstructing type. Malignant transformation has also been reported with ectopic pancreas [10]. Surgical resection is mandated in patients with obstructing type of intestinal ectopic pancreas.

4. CONCLUSION

Although the occurrence of such ileal intussusception due to ectopic pancreas is low it should also be considered in mind during such cases of intussusception.

CONSENT

Written informed consent was obtained from the patient for publication of this study and any accompanying images.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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