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Heterotopic accessory pancreas in surgical pathology: review of 23 years experience

T. Țăranu[1], D. Vintilă[1], N. Neacșu[1], P. Popa[1], C. Luncă[2], F. Crumpei[3], D. Rădulescu[4], șt.O. Georgescu[1]
[1]Clinica II Chirurgie, Spitalul "Sf. Spiridon" Iaşi , U.M.F. "Gr. T. Popa" Iaşi
[2]ATI, Spitalul "Sf. Spiridon" Iaşi, U.M.F. "Gr. T. Popa" Iaşi
[3]Serviciul de Radiologie al Clinicii I Chirurgie, Spitalul "Sf. Spiridon" Iaşi
[4]Disciplina de Morfopatologie, U.M.F. "Gr. T. Popa" Iaşi

Abstract

Background: The abnormal presence of the pancreatic tissue in other digestive organs is rare but sometimes is the cause of some surgical diseases.
Material and Method: This retrospective study is focussed on heterotopic pancreas cases diagnosed in 2nd Surgical Clinic of "Sf. Spiridon" Emergency Hospital from Iaşi between jan. 1986 and dec. 2008.
Results: 22 patients (15 males/68,2% and 7 females/31,8%) aged between 23 and 76 years were grouped in A group – clinical symptomatic cases (3 patients/13,6%), group B- coincidental cases (17 patients/77,3%) and group C – incidental cases (2 patients/9%). Group A patients presented with obstructing prepyloric polypoid tumors and recquired antrectomy and gastroduodenal anastomosis. 13 patients of group B (76,4%) recquired surgery for pyloroduodenal stenosis and in 4 cases of this group with severe upper-GI bleeding, a subtotal gastric resection (3 patients) or antrectomy (1 case) was performed. In group C patients jejunal HP was histopathologically diagnosed during extensive intestinal resection for colonic malignancies (ascendant colonic and transverse colonic cancers) with jejunal invasion. HP cases were categorized as type I in 40,9% cases (ducts, acini and pancreatic islets), type II in 45,4% cases (ducts and acini) and type III (exclusively with ducts) in 13,6% cases. In 76% patients HP was localized in mucosal and submucosal layers, in 16% intramucosal and in 8% in subserous layer.
Conclusion: HP is most often an unexpected symptomless coincidental diagnosis during gastrointestinal surgical diseases.

Key words: heterotopic accessory pancreas, pancreatic heterotopic tissue

Corespondență: Dr. Traian Țăranu
U.M.F. "Gr. T. Popa" Iaşi
Spitalul Clinic Județean de Urgențe "Sf. Spiridon"
Clinica II Chirurgie
B-dul Indepenenței 1, Iași, Romania, 700111
Tel: 0232 240822 int. 175
E-mail: traiantaranu@yahoo.com