

Title:

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An unusual cause of a protuberant lesion of the gastric antrum

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CASE REPORT

A 58-year-old male presented due to upper abdominal pain for two months. Gastroscopy showed a 1.5 × 1.5 × 1 cm³ protuberant lesion in the gastric antrum (Fig. 1A). Magnifying endoscopy with blue laser imaging showed a roughly normal micro-surface and micro-vessel structure (Fig. 1B). Endoscopic ultrasonography showed that the lesion originated from the muscularis propria, with low-density irregular cystic echo (Fig. 1C). Subsequently, the patient received treatment of the

gastrointestinal lesions with endoscopic submucosal dissection. During surgery, the lesion was found to be mainly located in the submucosa, the local depth of which reached the muscularis mucosae (Fig. 1D). It was tan-white in color, with toughness and a cystic tactile sensation (Fig. 1E). The surgery went smoothly and his recovery was good. Pathological studies showed that pancreatic tissue was in the lesion, which was composed of exocrine acini and ducts (Fig. 1F). Meanwhile, dilated cystic glands were found in the excised specimens (Fig. 1G). The patient was eventually diagnosed with an ectopic pancreas in gastric antrum complicated with gastritis cystica profunda (GCP).

GCP is often considered to be secondary to surgery, chronic inflammation, ischemia or bile reflux gastric mucosal injury (1). GCP with gastric ectopic pancreas is very rare. This may be because the secretions of ectopic pancreas could not be discharged through the natural lumen, which were secreted into the submucosa and led to local gland expansion.

REFERENCES

1. Xu G, Peng C, Li X, et al. Endoscopic resection of gastritis cystica profunda: preliminary experience with 34 patients from a single center in China. *Gastrointest Endosc* 2015;81(6):1493-8. DOI: 10.1016/j.gie.2014.11.017

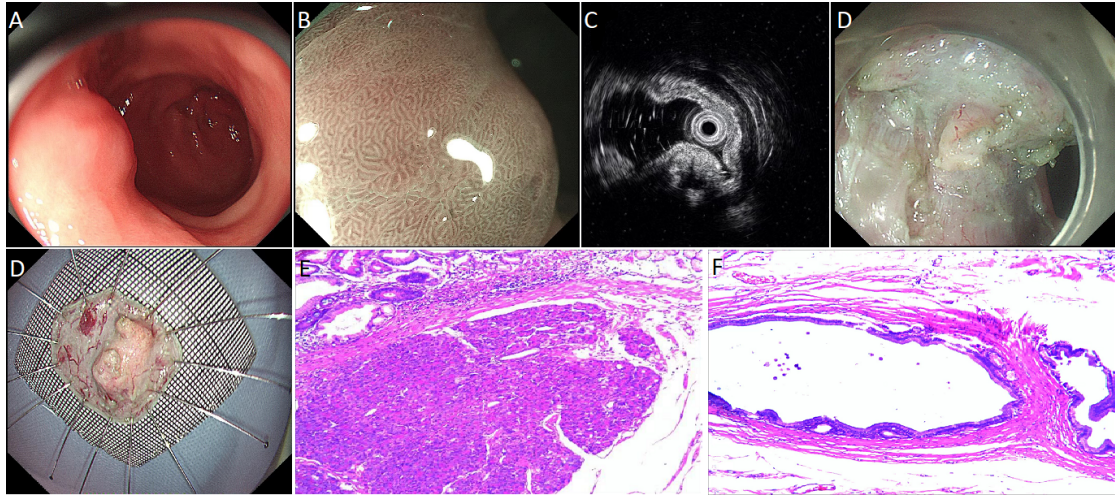


Fig. 1. A. Gastroscopy showed a $1.5 \times 1.5 \times 1 \text{ cm}^3$ protuberant lesion in the gastric antrum. B. Magnifying endoscopy with blue laser imaging showed roughly normal micro-surface and micro-vessel structure. C. Endoscopic ultrasonography showed the lesion originated from the muscularis propria, with low-density irregular cystic echo. D. The lesion was mainly located in the submucosa, the local depth of which reached the muscularis mucosae. E. The lesion was tan-white in color, with toughness and cystic tactile sensation. F. Pathological studies showed that pancreatic tissue was found in the lesion, which was composed of exocrine acini and ducts. G. Dilated cystic glands were found in the excised specimens.