

RESEARCH ARTICLE

ECTOPIC PANCREAS IN THE JEJUNUM AS A FINDING IN A LAPAROSCOPIC GASTRIC BYPASS

***Dr. Jorge Iván Morales Perez and Ernesto Ángel Dzib Calan**

Residente 3er año de Cirugía General Escuela de Posgrados en Sanidad Naval, Universidad Naval, Secretaria de Marina Armada de México

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ABSTRACT

The ectopic pancreas is defined as normal pancreatic tissue in a different anatomical structure or site, without vascular, neuronal or anatomical continuity with the pancreatic gland (Gaspar *et al.*, 1973). It is rare and its finding is incidental, in most cases it is asymptomatic, the usual location is in the stomach and thirdly in the jejunum, the diagnosis of certainty is made after tumor resection and histopathological study.

INTRODUCTION

The ectopic pancreas is defined as normal pancreatic tissue in a different anatomical structure or site, without vascular, neuronal or anatomical continuity with the pancreatic gland (Gaspar *et al.*, 1973). It is rare and its finding is incidental, in most cases it is asymptomatic, the usual location is in the stomach and thirdly in the jejunum, the diagnosis of certainty is made after tumor resection and histopathological study.

Case report

A 43-year-old female patient with grade II obesity admitted for gastric bypass is newly diagnosed diabetic. During the surgery to perform the gastro-jejunal anastomosis we found a tumor 25 cm from the ligament of Treitz, on the jejunum on the antimesenteric border of approximately 2 cm in length of irregular appearance, lobed with firm consistency (Figure 1), we proceeded to resection it with Laparoscopic stapler (Figure 2) leaving adequate biliary loop lumen we continue with gastric bypass surgery without complications. The patient is discharged on the third day of surgery without eventualities. The study of pathology reports an ectopic pancreas.

DISCUSSION

Frequent localization of the ectopic pancreas is in stomach (25-38%), duodenum (17-36%) and jejunum (15-21.7%) (Chandan *et al.*, 2004)

***Corresponding author: Dr. Jorge Iván Morales Perez,**

Residente 3er año de Cirugía General Escuela de Posgrados en Sanidad Naval, Universidad Naval, Secretaria de Marina Armada de México.



Figure 1. Irregular appearance lesion, lobed with firm yellow consistency



Figure 2. Stapler resection

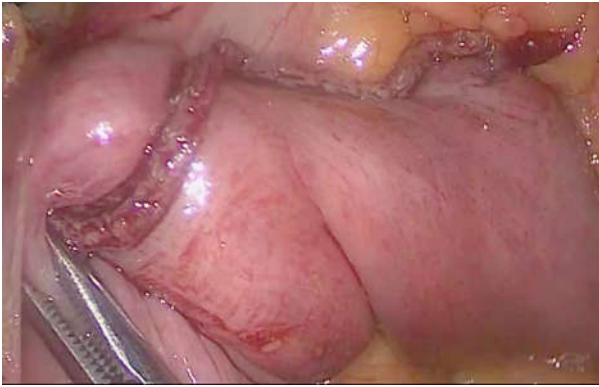


Figure 3. Complete resection of the lesion

Its finding is incidental and the majority of patients are asymptomatic, when the lesion is presented, it is resected for histopathological study with which we confirm the diagnosis (De Vogelaere *et al.*, 2005).

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