



ECTOPIC PANCREATIC TISSUE A CASE STUDY IN CADAVERS

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ABSTRACT Ectopic pancreas is a congenital anomaly in which the pancreatic tissue is anatomically located away from the main gland¹. The most common locations are the stomach, duodenum, and jejunum.. Less commonly seen associated with esophagus, ileum, Meckel diverticulum, biliary tree, mesentery, and spleen^{1,2}. In Uncomplicated cases person is typically asymptomatic, with the lesion being discovered incidentally during an unrelated surgery, during an imaging examination, or at autopsy³. Complications seen in this type of pancreas include pancreatitis, pseudocyst formation, malignant degeneration, gastrointestinal bleeding, bowel obstruction, and intussusception⁴.

KEYWORDS : Ectopic pancreas, Pancreatitis, Heterotopic pancreas, Pancreatic pseudo cyst

INTRODUCTION:-

Heterotopic pancreas/ectopic pancreas/aberrant, or accessory pancreas is a congenital anomaly in which the pancreatic tissue is anatomically separated from the main gland and is without any vascular or ductal continuity^{1,2,3,4}.

The true incidence of ectopic pancreas is difficult to determine, as most patients are asymptomatic and will be encountered during other procedures such as abdominal surgeries, radiological investigations, and Autopsy^{1,2,3,4}.

The most common location for ectopic pancreas is the stomach, duodenum, and proximal jejunum. Less common sites are the esophagus, ileum, Meckel diverticulum, and biliary tree^{1,2,3,4}.

Case study:- The present case study focused on presence of ectopic pancreas and its location in cadavers during routine dissection. 30 cadavers are used for this study all are middle aged individuals of both sex are examined during dissection of abdomen for the presence of ectopic pancreas. Of 30 cadavers one of them showed a large mass enclosed under the greater omentum which visible only after lifting the greater curvature of the stomach measuring around 10x 3cm in length and breadth & 3cm in thickness.

The tissue sent for histological examination and found to be the pancreatic tissue containing serous acini with centroacinar cells, ducts and islets cells.

DISCUSSION:-

Ectopic pancreas histologically varies from presenting serous acini, ducts, islets cells, it can be functional or rudimentary^{5,6}. The specimen found in this case study is larger than the statistical data and is not in continuation with the main gland ruled out the pancreatic cyst⁶.



Fig1:- showing mass on the postero inferior aspect of stomach closer to the greater curvature embedded in the greater omentum



Fig2:- showing dissected mass in hand which is well circumscribed and has no attachments to any other structure



Fig3:- histological picture showing the serous acini with centroacinar cells, ducts, islet cells

HISTOLOGIC CLASSIFICATION OF HETEROTOPIC PANCREAS

Heterotopic Pancreas Type	Histologic Features Described by Heinrich	Histologic Features Described by Fuentes
Type 1	Heterotopic tissue consists of all the components of normal pancreatic tissue, including acini, ducts, and islet cells	Heterotopic tissue consists of all the components of normal pancreatic tissue, including acini, ducts, and islet cells
Type 2	Heterotopic tissue consists of acini and ducts, with no islet cells	Heterotopic tissue consists of ducts only
Type 3	Heterotopic tissue consists of ducts only	Heterotopic tissue consists of acini only (exocrine)
Type 4	...	Heterotopic tissue consists of islet cells only (endocrine)

According to this classification the pancreas found in this study belong to type 1 as it showed all the three cardinal features of pancreas on histological examination.

CONCLUSION:-

Ectopic pancreas is a congenital anomaly that is rarely identified prospectively at imaging, surgery or autopsy.

Knowledge of the most common sites and characteristic histological appearances of heterotopic pancreatic tissue is key to rendering the diagnosis. Associated complications include pancreatitis, pseudocyst formation, malignant degeneration, gastrointestinal bleeding, bowel obstruction, and intussusception. Paraduodenal pancreatitis in particular should be considered in the differential diagnosis of periampullary disease.

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