Heterotopic Pancreas in the Gallbladder

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Sir,

Heterotopic pancreas (HP) in the gallbladder is a very rare condition usually diagnosed at pathological studies. The pre-operative diagnosis is difficult to make primarily due to its non-specific clinical features.

We treated a 40-year-old lady who came to the surgical OPD with the history of mild pain in the abdomen in the right upper quadrant since 2 months and the history of vomiting 2–3 times during these 2 months. On examination and on investigations, nothing abnormal was detected except abdominal USG showed multiple stones in the gallbladder; the largest was 1 cm in diameter. The common bile duct (CBD) was normal in diameter and there were no stones in the CBD. Considering this as a case of cholelithiasis, she was taken for routine laparoscopic cholecystectomy, the gallbladder was removed and sent for histopathological examination. Her post-operative period and 1 year follow-up was unremarkable. At

macroscopic examination, the gallbladder was 35 g in weight and $8.0 \times 6.0 \times 4.0$ cm in diameter. We found an 8 mm lesion in our patient, located beneath the serosa of the gallbladder fundus. The cut section of the nodule was straw-colored and firm. Histopathological examination revealed a HP constituted of acini and ducts, without islet cells corresponding to Heinrich's type II. No signs of pancreatitis were seen.

Heterotopic pancreas, also called pancreatic choristoma is the presence of pancreatic tissue outside its normal location, lacking ductal or vascular continuity with the main gland. Although HP is the second most prevalent pancreatic anomaly, the incidence in gastrointestinal tract is estimated to be from 0.55 to 13.7 % on autopsy, and 0.2 % in laparotomy [1]. Schultz reported the first example in 1727 and Klob presented histologic configuration of this condition in 1859 [2]. Since the first publication by Poppi in 1916, only 33 more cases of HP worldwide in the gallbladder have been reported in a review of the literature up to the present [3]. Our patient, a 40-year-old woman, is the common case encountered in literature. Her HP was asymptomatic. The diagnosis of cholelithiasis was clear. It is impossible to diagnose ectopic pancreas in the gallbladder before and during operation, and neither ultrasound nor CT and MRI can confirm the diagnosis of ectopic pancreas pre-operatively. In most cases, HP is a post-operative diagnosis and if in case diagnosed pre operatively, where feasible, local excision rather than radical surgery is the preferred.

It is the histopathological examination of the gallbladder which is diagnostic gold standard for heterotopic pancreatic tissue in the gallbladder; that is why we felt the necessity to inform about this case. Therefore, in all cases of cholelithiasis, histopathological examination of the gallbladder is mandatory.

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Considering the current availability of diagnostic resources, ectopic pancreas should be included more often in the differential diagnosis of alithiasic lesions of the gallbladder, especially in the presence of polypoid formations and isolated parietal thickenings or nodulations.

Compliance with Ethical Standards

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Conflict of Interest The authors declare that they have no conflict of interest.

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