Heterotopic pancreas or ectopic pancreas is pancreatic tissue that is found outside of the usual anatomic location of the pancreas without any anatomical or vascular communication. It is also known as pancreatic rest, aberrant pancreas or ectopic pancreas. The endoscopic images showed the typical location, on the greater curve of the stomach in the antrum (Panel), and usually appears as a small mucosal lump (0.5-2 cm) or swelling with a central punctum, where the duct open into the stomach.

Heterotopic pancreas was first described in 1729 by Jean Schultz, a case of pancreatic tissue located in an ileal diverticulum. This entity is believed to arise during rotation of the foregut, with fragments of the pancreas becoming separated from the main body and deposited at ectopic sites. It can be found in any part of the gastrointestinal tract, but is most commonly found in the stomach (25-38%), in particular the antrum and the small bowel (duodenum 17-36% and jejunum 15-21.7%). It has also been reported in the oesophagus, gallbladder, common bile duct, spleen, mesentery, mediastinum and even the fallopian tubes. In the stomach, it is typically located in the submucosa (73%), followed by the muscularis (17%) and subserosal layer (10%).

A classification was proposed by Heinrich in 1909 (three heterotopia types) and was later modified by Gaspfar-Fuentes in 1973; Type I; typical pancreatic tissue (acinar, ducts, islets cells similar to normal pancreas), II; pancreatic duct only (canalicular variant), III; acinar cells only (exocrine pancreas), and IV; only islet cell (endocrine pancreas).

Heterotopic pancreas is generally considered uncommon with a reported incidence ranging between 0.5% to 13.7% in autopsies study and 0.9% in gastrectomies specimens.

Heterotopic pancreas are mostly found incidentally and in most cases not the cause of patients’ symptoms. However rare cases of pancreatitis, gastric outlet obstruction and even malignant transformation have been reported. For symptomatic cases, resection can be done either endoscopically or surgically. However, most do not require treatment.

REFERENCES