

Image Case : Pancreatic Rest

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18 years old female patient presented by epigastric pain and dyspepsia. Upper gastrointestinal endoscopy revealed unimplicated small antral mass (pancreatic rest). Pancreatic rests are benign congenital anomalies defined as pancreatic tissue that lacks anatomic or vascular continuity with the pancreas itself. Also referred to as pancreatic heterotopia, heterotopic pancreas, ectopic pancreas, aberrant pancreas, and accessory pancreas. Although they can be located in many sites throughout the body, they are most commonly found in the upper gastrointestinal tract, with the gastric antrum being the most common site. The differential diagnosis of gastric antral subepithelial lesions includes benign entities such as pancreatic rests, lipomas, inflammatory polyps, hyperplastic mucosa, Leiomyoma and cysts as well as entities with malignant potential such as carcinoid tumors and gastrointestinal stromal tumors [1].

Mucosal biopsies can exclude epithelial tumors, and EUS can help exclude other lesions (such as cysts, lipomas, stromal tumors, or extrinsic lesions) [2]. The treatment of symptomatic pancreatic rest is: Endoscopic band ligation snare polypectomy (EBLSP) or Surgery. EUS should be performed prior to endoscopic mucosal resection to ensure safety of resection by making sure the lesion is superficial, not vascular, and does not involve the muscularis propria [1].

Ethical consideration:

Consent was obtained from the case. All the information gathered from the patient was handled confidentially, and it was used only for research purpose.

Funding:

None.

Conflict of interest:

There is no conflict of interest.

REFERENCES

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Figure(1): Antral pancreatic rest.