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Ampullary Pyloric Gland Adenoma with High-grade Dysplasia (Video)[☆]

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KEYWORDS

Pyloric gland adenoma;
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Ampulla;
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Endoscopy;
Video

Abstract

Background: Ampullary adenoma can be incidental or syndromic and is generally tubular, villous, or tubulovillous in histology. Pyloric gland adenoma (PGA) is uncommon, especially at extra-gastric locations.

Patient & methods: In this video manuscript, we present a case of 2 cm ampullary PGA with high-grade dysplasia (HGD), its endoscopic features, and endoscopic ampullectomy for complete resection.

Results: Under endoscopy, this ampullary PGA displayed a smooth mucosal surface with minimal pit patterns, unlike those pit patterns observed in tubular and villous adenomas. Pathologically, there was complete excision of PGA with HGD. The MUC6 immunostaining performed was positive, confirming the diagnosis of PGA.

Conclusions: Endoscopists and pathologists should be aware of PGA. Endoscopic resection should be performed for complete removal.

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Video related to this article

Video related to this article can be found online at <http://dx.doi.org/10.1016/j.vjgien.2015.03.001>.

1. Background

- Ampullary adenoma can be incidental or syndromic and is generally tubular, villous, or tubulovillous in histology.

[☆]The terms of this license also apply to the corresponding video.

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- Pyloric gland adenoma (PGA) is uncommon, especially at extra-gastric locations.
- Only a few cases of duodenal PGA with high-grade dysplasia have been reported [1-8].

2. Aim of the study

- To examine an ampullary PGA with HGD under endoscopy and to perform endoscopic ampullectomy.
- To increase the awareness of extra-gastric PGA.

3. Patient and Methods

- A 73-year-old man underwent upper endoscopy at an outside facility for dyspepsia and a 2 cm ampullary lesion was noted. Endoscopic biopsy showed an adenoma by the local pathologist.
- Endoscopic ultrasound was performed by a local gastroenterologist and revealed non-involvement of the bile duct and pancreatic duct from the adenoma.
- The patient was referred for endoscopic ampullectomy and he consented with the intervention.

4. Study materials, endoscopic equipment and devices

- Diagnostic gastroscope (Olympus GIF-H180, Olympus America, Center Valley, PA).
- Duodenoscope (Olympus TJF- Q180V, Olympus America).
- ERCP 0.035 in. wire guide (VisiGlide®, Olympus America, Center Valley, PA).
- Snare (25 mm Traxtion® snare, US Endoscopy, Mentor, OH).
- Endoclip (Instinct® clip, Cook Medical, Winston-Salem, NC).

5. Endoscopic procedure

- The patient was placed in a semi-prone position for endoscopic retrograde cholangiopancreatography (ERCP).

- The ampulla of Vater, minor ampulla, and the entire duodenum was carefully examined endoscopically under white light and digital chromoendoscopy.
- Under white light and digital chromoendoscopy, this ampullary PGA displayed a smooth mucosal surface with minimal pit patterns, unlike those pit patterns observed in tubular and villous adenomas (Figure 1).
- The duodenal mucosa around the minor ampulla and at the lateral duodenal wall showed patchy erythema with edema, suspecting peptic duodenitis (Figure 2).
- A total of 15 ml diluted epinephrine with some contrast agent was injected around the ampullary lesion and the entire ampulla was easily lifted with submucosal injection.
- Using a stiff snare, endoscopic ampullectomy was performed en bloc (Figure 3). The tip of the snare was placed on the cranial side of the lesion. By gently advanced the endoscope, the entire lesion was completely ensnared with an opened snare. Ampullectomy was performed with blended current (Endocut). The resected lesion was retrieved.

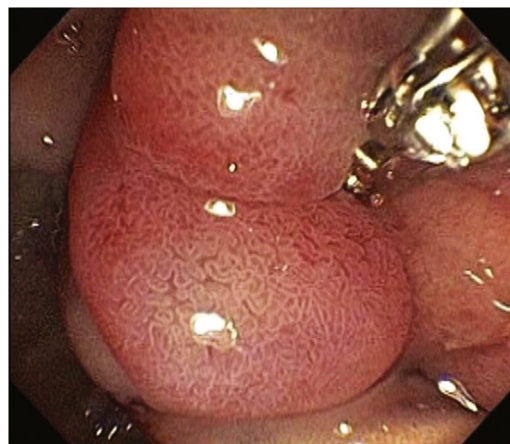


Figure 2 Endoscopic duodenal mucosa around the minor ampulla under white light endoscopy. Biopsy showed duodenal mucosa with gastric mucin-cell metaplasia and reactive epithelial changes, consistent with peptic duodenitis.

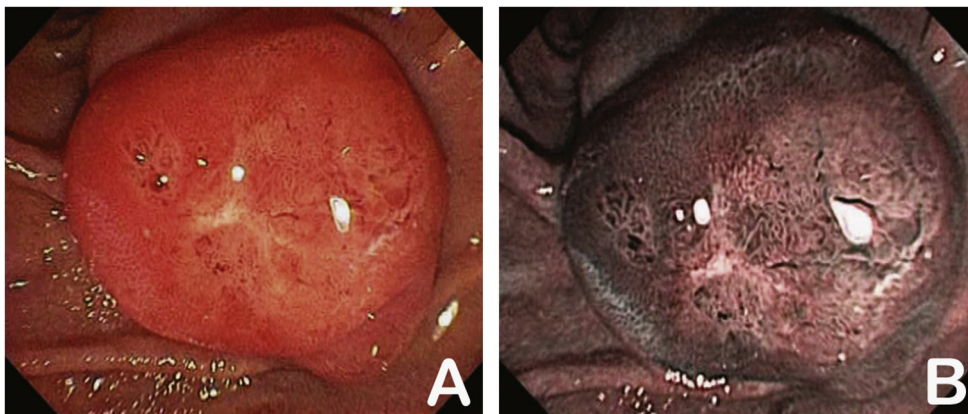


Figure 1 Endoscopic views of the ampullary pyloric gland adenoma under white light endoscopy (A) and under digital chromoendoscopy (B). The PGA displays a smooth mucosal surface with minimal pit patterns, unlike those pit patterns observed in tubular and villous adenomas.

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