Case	(356) Gastric outlet obstruction due to intramural pyloric pseudocyst associated with heterotopic pancreas
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CASE PRESENTATION

We present a case of a 53-years-old man with history of gastric reflux and pyrosis. He came in many occasions to emergency room to present uncontrollable vomiting and oral intolerance.

He drinks 5 alcohol units daily. Non-contrast and contrast multidetector computed tomography (MDCT) showed an ovoid tumor with well defined rim, important cystic component with thick walls located within pylorus. The cystic component is subtly less dense than gastric content (A) .

Contrast enhanced CT (CECT) exhibits peripheral tumor enhancement in arterial and venous phase like pancreatic tissue. (B,C). We show also surgical resection of the antrectomy with the tumor (D).

DISCUSSION

Ectopic pancreas (EP) is an uncommon congenital condition. It may be single or multiple. Frequently is located in gastric antrum, duodenum and jejunum. It can be complicated with pseudocyst and intestinal obstruction (1, 2, 3) .

CT findings are flat or ovoid intramural mass that can show cystic degeneration. Frequently it can grow within the bowel. EP has enhancement similar to that normal pancreatic tissue, maybe more intense (4).

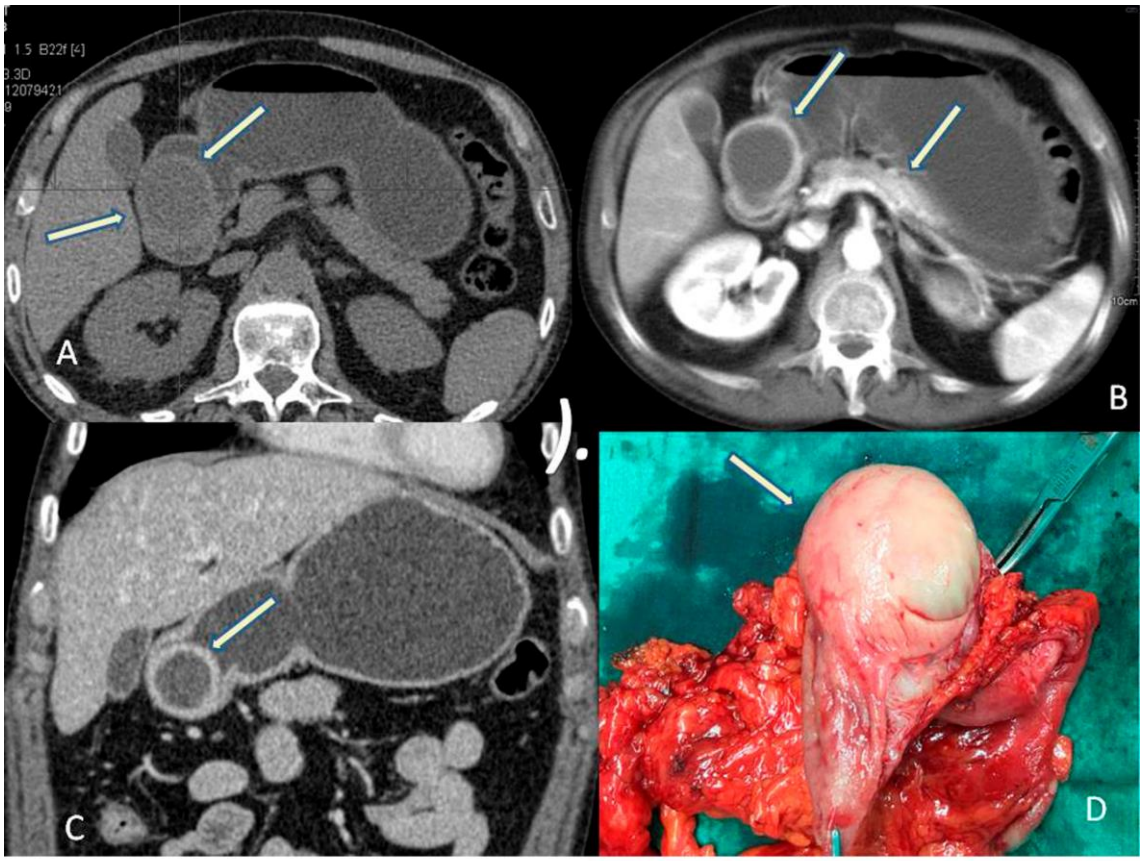
Differential diagnoses include pancreatic pseudocyst, duodenal cystic dystrophy, gastric duplication cyst, cystic neoplasm (lymphangioma), cystic degeneration of solid neoplasm as schwannoma, gastrointestinal stromal tumor (4, 5).

Treatment of EP is surgical resection (3).

CONCLUSION

Although EP complicated with pseudocyst within gastric pylorus is a rare condition, it can be a cause of intestinal obstruction presented in the emergency room.

Radiologist must recognize this disease and its CT findings, because treatment is surgical resection.



Gastric Outlet Obstruction Due to Intramural Pyloric Pseudocyst Associated with Heterotopic Pancreas.
A. CT scan shows ovoid tumor with well-defined cystic component, thick and smooth walls. Axial non enhanced CT image (NECT) shows the cystic component is subtly less dense than gastric content.
B-C. Axial and Coronal contrast-enhanced reformatted CT image (CECT) exhibits peripheral tumor enhancement in arterial (B) and venous phase (C) like pancreatic tissue.
D. Surgical resection of the antrectomy.

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