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OCCURS IN THE DIGESTIVE SYSTEMB CLASSIFICATION OF ABERRANT PANCREAS

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Annotation: An aberrant pancreas is a heterotopy of pancreatic glandular tissue in the wall of the stomach, intestines, or other abdominal organs. The anomaly is characterized by scant clinical manifestations with a predominance of dyspeptic disorders. Complicated forms of pathology manifest a symptom complex of "acute abdomen", gastrointestinal hemorrhages. Diagnosis is based on instrumental methods: ultrasound, radiography with oral contrast, EFGDS. The diagnosis is confirmed by pathomorphological examination of the biomaterial. Asymptomatic anomalies do not require treatment, with complications mainly resorting to surgical interventions.

Key words: aberrant pancreas, pancreatic glandular tissue.

In the medical literature, the anomaly has a number of synonyms: additional pancreas, choristoma, pancreatic ectopia. The disease is the most common malformation of the pancreas and is detected in 0.2% of patients during surgical interventions on the abdominal organs. According to autopsies, heterotopia occurs in 1.3% of people in the population. The anomaly is 2 times more common in men. Mostly it is found accidentally at the age of 40-70 years during an instrumental examination of the digestive system.

Reasons

In modern gastroenterology, there is no consensus on the etiological factors. Most scientists claim that pathology occurs in the intrauterine period with the combined influence of several causes. The most likely of them include spontaneous genetic mutations, infections suffered by the mother during pregnancy. Less often, the association of an aberrant pancreas with the use of drugs that have a teratogenic effect is determined.

Risk factors for choristoma include smoking, alcohol and drug use by a pregnant woman. The probability of occurrence of the disease increases when living in ecologically unfavorable regions, exposure to ionizing radiation on a child in the fetal period of intrauterine development. The risk of aberrant tissue formation increases with a genetic predisposition — the presence of various anomalies in the next of kin.

The exact mechanism of anomaly formation is still unclear. It is most likely that aberrant tissue is a manifestation of atavism in ontogenesis. Violation of the laying and differentiation of the pancreas during antenatal development leads to an abnormal location of part of the organ. The formed extra gland has an isolated blood supply and innervation, and functions independently of the bulk of glandular cells.

Classification

Choristomas differ in anatomical localization. Aberrant gland tissue can be located in various organs:

- duodenum (31.83%);
- stomach wall (31.46%);
- jejunum (21.7%);
- ileum (9.36%);
- mesentery (3.37%);
- biliary passages (1.49%).

Among gastric aberrant pancreas, the majority (58.2%) is located in the pylorus. According to macroscopic signs, there are 4 forms: nodular, polypous, diffuse and mixed.

Symptoms

The vast majority of heterotopias are asymptomatic and are detected accidentally during gastroenterological diagnostics and operations in the abdominal cavity. Symptoms usually occur with a complicated course of the disease and are determined by the location of the aberrant pancreas. The initial signs are non-specific dyspeptic disorders: heaviness in the abdomen after eating, nausea, unstable stools.

The clinical manifestation of a large aberrant gland is possible already in early childhood. Bothered by regurgitation after eating, occasionally there is copious vomiting of curdled milk or partially digested food. Children do not eat well, gain weight slowly, and lag behind in physical development. In adulthood, the anomaly usually occurs under the guise of chronic gastritis, pancreatitis, and cholecystitis.

A typical symptom of complicated forms of pathology is severe abdominal pain of various localization. Vomiting with admixtures of mucus and bile is common. When the bile ducts are affected, discolored feces are released. Rarely, an aberrant pancreas manifests itself as gastrointestinal bleeding, which is manifested by bloody vomiting or melena.

Complications

Often with choristoma, stenosis of the pyloric part of the stomach is observed, which makes it difficult to move food into the small intestine. In the compensated stage, nutrition and energy metabolism are practically not disturbed. At the stage of decompensation, patients are characterized by exhaustion, anemia and signs of beriberi. If aberrant tissue is located in the small intestine, there is a possibility of developing acute intestinal obstruction that requires urgent surgical care.

The accessory pancreas is often subject to inflammation and necrosis. An aseptic or purulent lesion of aberrant tissue begins, which is fraught with perforation of the wall of the affected organ. When the vascular walls melt, profuse bleeding may open. The presence of heterotopia increases the risk of peptic ulcer disease, mechanical jaundice. The most dangerous consequence of undiagnosed choristoma is malignancy.

Diagnostics

Detection of aberrant glandular tissue by standard research methods is difficult, since the appearance of abnormal formations resembles a benign tumor. To verify the diagnosis, the gastroenterologist prescribes invasive techniques with subsequent histological confirmation. If a pancreatic heterotopia is suspected, the diagnostic search includes the following studies::

- Ultrasound of the abdominal cavity. Sonography can detect only large-volume aberrant tissue, which is visualized as hyperechoic areas in atypical places. Ultrasound results do not allow us to determine the nature of the volume formation. To assess blood flow in the accessory pancreas, Doppler imaging is recommended.
- Radiological methods. When radiography of the barium passage in the gastrointestinal tract, the heterotopia looks like a rounded filling defect. In a complicated form of the disease, a niche or spot of barium is detected against the background of a defect. An aberrant pancreas can be seen by CT scan of the OBP.
- EFGDS. During endoscopic examination, choristomas localized in the stomach or the initial parts of the duodenum 12 are clearly visible. They have the appearance of polyps or individual nodes, on the surface of which there is often an opening of the excretory duct.
- Study of biopsies. Morphological analysis of the tissue sample is crucial for the chorist's diagnosis. According to the histological structure, the additional glandular tissue may fully

correspond to normal or contain individual elements — Langerhans islets, acinuses or excretory ducts.

- Laboratory methods. The tests are auxiliary in nature. To assess the external secretory function of the pancreas, the level of amylase, lipase and trypsin in the blood is determined. In fecal samples, the amount of fecal elastase is examined. Fasting glucose is measured in the blood, and a glucose tolerance test is performed.

Treatment of aberrant pancreas

Conservative therapy

In gastroenterology, there is a successful experience of using analogues of the hormone somatostatin. These drugs inhibit the proliferation of glandular cells, prevent the transformation of benign heterotopia into a tumor process. With insufficient exocrine function of the pancreas, enzyme replacement therapy is prescribed. To eliminate unpleasant symptoms, analgesics, choleretic drugs, prokinetics are used.

Surgical treatment

In abdominal surgery, the expediency of surgical intervention in aberrant pancreas remains the subject of scientific debate. Patients with an asymptomatic course and normal functioning of the organ with glandular heterotopia should be monitored. The possibility of performing surgery is decided individually for patients with reduced functional activity of the main pancreas.

Absolute indications for radical treatment are considered complicated variants of aberrant anomaly. The most economical resection within healthy tissues is recommended. When pyloric or intestinal stenosis is formed, surgical correction is provided, and if necessary, an anastomosis is applied. Choristomas with a high risk of malignancy must be removed.

Prognosis and prevention

Asymptomatic forms of aberrant pancreas do not pose a risk to human health and life, in which case the prognosis is considered favorable. Prognostically, the appearance of complications from the stomach, intestines, and biliary system, as well as a rapid increase in the size of the accessory gland, is considered unfavorable. Given the unclear etiopathogenesis, specific primary prevention measures have not been developed.

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