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Extended Abstract

A case of brunners gland hamartoma causing obstructive jaundice

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Abstract

Brunner's gland hamartoma is a rare benign tumor of duodenum .We presents a case of large pedunculated duodenal hamartoma causing obstructive jaundice and significant dilatation of intrahepatic biliary radicles. Duodenal polyp is a rare benign tumour formed from a proliferation of Brunner gland, typically forming polypoid growth in proximal duodenum and can extend up to 3rd part of duodenum.

It may be incidental finding but can present in emergency with obstruction and haemorrhage requiring surgical endoscopic resection. A 42 year old woman was admitted in our hospital with symptoms of sudden onset of severe epigastric pain and recurrent nausea and vomiting since 15 days and itching since 2 years. CT scan revealed a large pedunculated polyp in first part of duodenum which was extending up to third part of duodenum obstructing ampulla of vater and causing significant dilatation of common bile duct with dilatation of intrahepatic biliary radicles.Laprotomy and polypectomy was done and patient managed postoperatively.

150 cases of Brunner's gland hamartoma (BGH) have been reported in the literature. BGHs are benign and are thought not to cause bile obstruction. Methods: In this case report, a 60-year-old male is presented with unexplained obstructive jaundice who was also known for over 17 years with diffuse adenomatous hyperplasia of Brunner's glands in the duodenum.

Despite the benign preoperative diagnosis, the choice of treatment was Whipple's procedure due to suspicion of a coexisting malignancy. Results: Pathological analysis of the resection specimen revealed multiple BGHs and an adenocarcinoma of the papilla of Vater (PoV). Molecular pathology using loss of heterogeneity analysis was used to confirm that both were different entities.

Approximately 150 cases of Brunner's gland adenoma have been reported in the literature since the first report in 1876 by Cruveilhier.

Brunner's gland was first described by the Renaissance anatomist, Brunner in 1688, is a gland in the deep mucosa and submucosa of the duodenum(1-5). These glands are lined with large cells that empty into the crypts of Liberkuhn in the duodenum(6). It has a main physiological function of secreting an alkaline-base mucous to protect the duodenal lining from the acid chyme from the stomach(2,5,7,8). Although the small intestine constitutes 75% of the GI tract, tumors arising from it are rare(9). Small intestine tumors account for about 5% of all GI tract tumors(9). Duodenum constituting only 4% of the small intestine but it has a higher proportion of these tumors than the jejunum and ileum The nomenclature on Brunner's gland lesions is not well established. Feyrter F in 1934 classified three types of Brunner's gland hyperplasia after examining 2,800 duodenums(12-14). Type 1 has diffuse nodular hyperplasia, type 2, the most common type, is circumscribed nodular hyperplasia, and type 3

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is adenoma with a single polypoid lesion usually larger than 1 cm in size. Later, it has been suggested that what Feyrter called the Brunner's gland adenoma is better described as hamartoma or Brunneroma(2,13). These names have been used with a substantial degree of interchangeability in the literature