Carlin et al. reported abdominal wall abscess following spilled gallstones, and recommended that the stones should be removed whenever possible. Dezelski et al. found three cases of intraperitoneal abscess attributed to retained stones among 77604 cases who underwent laparoscopic cholecystectomy in 4292 hospitals. Shocket et al. also reported 15 such cases; all were treated by exploration. Whiting et al. reported a case of subphrenic abscess caused by a "lost" gallstone at laparoscopic cholecystectomy one year previously, managed by minimally invasive techniques. It was suggested that efforts be made to retrieve all spilled gallstones—a potential danger after laparoscopic cholecystectomy.5

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Isolated myoepithelial duodenal hamartoma presenting with upper gastrointestinal bleed

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Myoepithelial duodenal hamartoma, a rare lesion, usually occurs as a part of diffuse gastrointestinal tract polyposis in Peutz-Jegher's and Gardner's syndromes. Solitary duodenal hamartoma in the absence of other manifestations of polyposis syndrome is rare. We report one such patient presenting with massive gastrointestinal bleeding. [Indian J Gastroenterol 1998; 17: 109-110]

Key words: Duodenal tumor

Fig: Islands of glandular elements separated by bands of muscular fibers. There are multiple dilated vascular channels (H & E, 10X)
solitary Peutz-Jegher's hamartoma, the lesion was hypervascular on angiography. In our patient presentation with massive bleed and demonstration of multiple dilated vascular channels at endoscopy and on histology suggested that the lesion was hypervascular.

Our report suggests the need for evaluation of the entire duodenum in a patient with upper gastrointestinal bleed if no lesion is found up to the proximal duodenum.

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Annular pancreas associated with carcinoma of papilla

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We report a patient with periampullary carcinoma and associated annular pancreas diagnosed intraoperatively and treated successfully with Whipple's pancreaticoduodenectomy. (*Indian J Gastroenterol* 1998; 17: 110)

Key words: Whipple's pancreaticoduodenectomy

Annular pancreas is a congenital malformation in which a ring of pancreas is found surrounding the second part of the duodenum. There is one previously documented case of annular pancreas coexisting with periampullary carcinoma.1

A 55-year-old man was admitted with history of jaundice, pruritus, high-colored urine and clay-colored stools for one month. On examination, he was thin built, icteric and moribund. He had hepatomegaly and a palpably enlarged gall bladder.

Investigations: Serum bilirubin 47 mg/dL, direct 39 mg/dL; alkaline phosphatase 556 U/L (normal 40-125). On ultrasonography, the common bile duct was dilated (5.6 cm) and showed a solid lesion involving the distal end. CT scan confirmed this lesion to be a neoplasm measuring 2 cm x 2 cm.

In view of his general condition, he was initially treated with a drainage procedure (cholecystostomy). His condition improved and serum bilirubin decreased to 8 mg/dL after 6 weeks. He was then taken up for Whipple's pancreaticoduodenectomy. Intraoperatively a 2 cm x 2 cm growth was found involving the

Fig: Resected specimen showing annular pancreas and periampullary growth papilla extending on to the duodenum along with an annular pancreas encircling the second part of the duodenum (Fig). Histological examination revealed adenocarcinoma of the periampullary region with normal pancreatic tissue encircling the second part of the duodenum.

The patient has remained disease-free for 2 years.

Annular pancreas can present with abdominal pain, gastric outlet obstruction, pancreatitis, pancreatic mass, peptic ulcer disease and postoperative obstructive jaundice.2 Whereas carcinoma arising in the dorsal part of the annular pancreas has been reported,3 carcinoma of the papilla occurs only rarely in these patients.1

Periampullary tumors present with symptoms of obstructive jaundice and right hypochondrial pain. Resection is the treatment of choice. However, the resectability rate is low and hence the prognosis is generally unfavorable.2 Whipple's pancreaticoduodenectomy is curative.4

We postulate that the chronic obstruction caused by the annular pancreas leads to continuous exfoliation of cells in the region of the ampulla and rapid mucosal turnover. This could probably lead to dysplastic changes and metaplasia in that region.

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