

A case of duodenal malignancy or something else?

D. Ramos, M. Pereira, A. Caldeira, A. Banhudo

Gastroenterology Department, ULS Castelo Branco, Hospital Amato Lusitano, Avenida Pedro Álvares Cabral, 6000-085, Castelo Branco, Portugal.

A 63-year-old man was hospitalized with abdominal pain and vomiting. Abdominal CT described gastric distention, identifying an abrupt decrease in caliber in the second portion of the duodenum (Fig.1A).

Upper endoscopy revealed, in the transition from the bulb to the second duodenal portion, an edematous and diffusely congestive mucosa causing obstruction, not allowing passage of the gastroscope (Fig.1B).



Fig. 1. — A: Abdominal CT with gastric distention; B: Endoscopic evaluation with edematous and diffusely congestive duodenal mucosa, causing luminal stenosis.

What is the diagnosis?

Biopsies revealed normal duodenal mucosa with Brunner's gland hyperplasia (Fig.2). Due to suspected malignancy, upper endoscopy and biopsies were repeated, revealing the same findings. Due to oral diet intolerance and given the absence of evidence of neoplasia, the patient underwent a laparoscopic gastrojejunostomy.

After 4-years of follow-up, he remains asymptomatic and endoscopy reveals the same findings in the proximal portion of the duodenum.

Brunner's gland hyperplasia (BGH) is a benign condition of the duodenum, being a frequent accidental finding in endoscopy. Endoscopically, it may present as a mucosal prolapse/ duodenal polyp (if >5mm is called brunner's gland hamartoma) or, rarely, an infiltrative duodenal mass (diffuse nodular hyperplasia). It is usually asymptomatic but, rarely, symptoms/complications like bleeding, obstruction and abdominal pain may arise (1,2). The main differential diagnoses are pancreatic or duodenal neoplasms and groove pancreatitis (3). We present a manifestation of exuberant BGH that conditioned duodenal obstruction requiring surgical intervention. As it can mimic stenosing neoplasms, a good preoperative evaluation is necessary to avoid radical surgical procedures that would be performed in the case of malignancy (3).

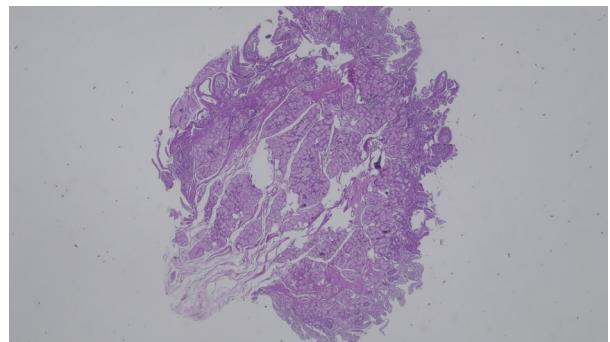


Fig. 2. — Histopathological evaluation: normal duodenal mucosa with Brunner's gland hyperplasia.

Author's contributions

Diana Ramos drafted the manuscript. Diana Ramos, Marco Pereira, Ana Caldeira and António Banhudo have critically revised and finalized the manuscript. All authors have approved the final version of the manuscript.

Statements of ethics

The subject gave his written informed consent to the submission of the case to the journal.

Conflict of interest

The authors have no conflicts of interest and have no funding sources to declare.

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Correspondence to: Diana Ramos Silva, Gastroenterology Department, ULS Castelo Branco, Hospital Amato Lusitano, Avenida Pedro Álvares Cabral, 6000-085, Castelo Branco, Portugal. Phone: +351 918349435.
Email: ramos.diana92@gmail.com

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