

A giant Brunner's gland hamartoma: a rare cause of upper gastrointestinal bleeding

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To the Editor,

A 78-year-old man was admitted with melena, anemia and hypotension. Upper endoscopy revealed a giant lobulated and pedunculated lesion of the duodenal bulb with an ulcerated area (Fig.1A-C). Biopsies performed during upper endoscopy revealed foveolar epithelium with no dysplasia. Abdominal CT showed a nodular lesion protruding to the duodenal lumen with a diameter of approximately 40mm (Fig.2A).

Giving the anemia, with recurrent transfusion need, endoscopic resection was proposed. During the intervention an endoloop was deployed at the base of the pedicle and a hot snare polypectomy was successfully performed without complications (Fig.1D). The patient was discharged after the procedure, asymptomatic, with no evidence of bleeding recurrence. Histology (Fig.2B) was consistent with Brunner's gland hamartoma (BGH).

BGH is a rare benign tumour with a very low risk of malignant transformation. It typically presents as a pedunculated lesion, most frequently in the duodenal bulb. The majority of patients are asymptomatic but complications such as bleeding or obstruction can occur, requiring its resection. When feasible, an endoscopic resection appears to be safe and less invasive than

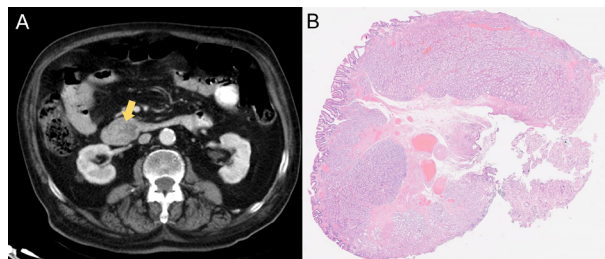


Figure 2. — Abdominal CT revealing a nodular lesion (arrow) protruding to the duodenal lumen with a diameter of approximately 40mm (A). H&E low magnification of duodenal Brunner's gland hamartoma, with extensive foveolar metaplasia in surface (B).

a surgical one (1) In large pedunculated lesions, an endoloop-assisted approach is recommended to prevent post-resection bleeding (2,3).

Statement of Ethics

The patient has given informed consent for publication (including the publication of images).

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Data Availability Statement

The complete data of this manuscript are not publicly available due to the patient's privacy but are available from the corresponding author upon reasonable request.

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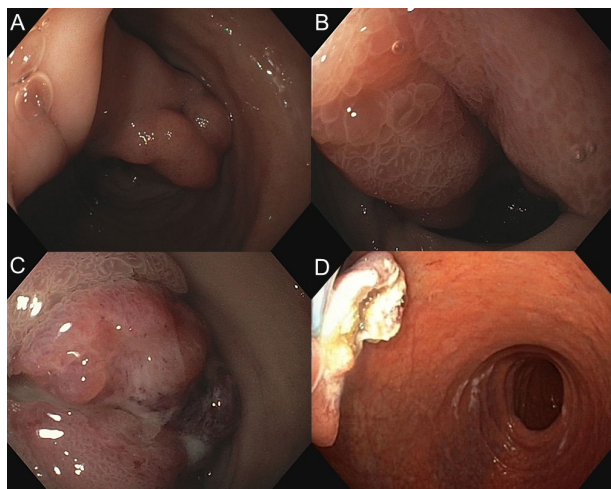


Figure 1. — Endoscopic view of a giant Brunner's gland hamartoma (A,B) with an ulcerated area (C). Endoscopic view of the eschar after endoloop ligation and hot snare polypectomy (D).

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