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A CASE OF BRUNNER GLAND ADENOMA, WHICH EXHIBITED DRAMATIC MACROSCOPIC METAMORPHOSIS IN 2 YEARS WITHOUT CANCERATION

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Brunner gland (BG) nodule greater than 5 mm in diameter, a rare lesion, is regarded as BG hyperplasia (BGH) regardless of coexistence of other tissues. It is only the nodule whose epithelium is dysplastic that deserves the term BG adenoma (BGA), which is still less common. Though two extremely rare cases of cancerating BGA have been reported, which proved a definite association of macroscopic transformation of the lesion with canceration, we present a case, which casts doubt upon it. A spherical semi pedunculated submucosal tumor with a small central depression was incidentally located opposite the inferior duodenal angle of a 68-year-old Japanese diabetic male with noncontributory past and family histories. Laboratory data were unremarkable. He was followed up under the diagnosis of BGH by biopsy. The tumor was found to have turned bowl-shaped with a wide central depression occupying almost all the top of it 2 years later. The disrupted surface was uneven, more reddened and lobulated by the groove-like excavations, in and around which the mucosal pattern was obscured, and abnormal vessels were observed. As the glandular epithelium showed dysplastic, it was interpreted as BGA. An imminent risk of complicating cancer got it treated with endoscopic mucosal resection, when the central depression more deepened and the excavations coalesced into a wider deeper one. Measuring 17x12x10 mm, it was proven to be composed of nothing but BGs with dysplastic, cystically dilated epithelium. It demonstrated papillary growth with the large round nuclei having the larger nuclear-cytoplasmic ratio but no conspicuous nuclear crowding with stratification. No fibrous septa existed separating the lobules. Relatively larger proportion of the cells was Ki 67-positive in the superficial part but only few p53-positive ones were strewn. Though diffusely immunolabeled with MUC6 but not with MUC2, the lesion, in contrast to the normal BG, had the foci positive for MUC5AC not only in the superficial but in the deeper part, where no regenerative impact extended, reflecting the neoplastic trait. Showing positivity for PAS but not for AB, pepsinogen1 or H+K+-ATPase, it was differentiated from pyloric gland adenoma and diagnosed as BGA without cancer. The present case explicitly proclaims that macroscopic transformation of BGA in a natural history, though omens possible canceration through the neoplastic features, does not necessarily herald such degeneration within.

Biography

Kenji Sasaki has completed his MD and as an Immunologist, he completed his PhD at Tohoku University School of Medicine. He was trained at Miyagi Cancer Center. He is a Board Certified Fellow and Preceptor of Japan Gastroenterological Endoscopy Society, Board Certified Gastroenterologist of Japanese Society of Gastroenterology, Board Certified Member of the Japanese Society of Internal Medicine and Editorial Board Member of CRIM. He has published several papers on Gastroenterology in international journals and served as a Reviewer for *Journal of Medical Microbiology*, *Journal of Pharmacology & Pharmacotherapeutics* and *Journal of Gastrointestinal & Digestive System*.

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