

CLINICAL IMAGE

Case of Large Brunners Gland Adenoma

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A 23-year-old man was admitted to the surgical ward with a two-month history of epigastric pain, abdominal discomfort, nausea and frequent bouts of vomiting. The Complete Blood Count (CBC) and biochemical investigations were within normal limits. On Endoscopy a large polypoidal mass arising from the second part of duodenum was seen.

As the patient was symptomatic, he was subjected to endoscopic removal of the polyp. This polyp with the pedicle attached to the second part of the duodenum and reaching up to the third part was excised and sent for histopathological examination.

The resected specimen showed a light brown colored, firm,

pedunculated, polypoid mass measuring 4.2 x 2.6 x 1.4 cm. The surface was smooth without any erosions or ulcer. The cut surface was firm, yellowish and lobulated (figure 1a)

On microscopic examination, the tumor was covered by small intestinal mucosa and composed of lobules of proliferated Brunner's glands with ducts separated by irregular bands of fibromuscular stroma. (Figures 1b) There was mild infiltration by lymphocytes with a few lymphoid follicle. The covering mucosa was flattened and showed congestion, foci of hemorrhage and moderate infiltration by lymphocytes and plasma cells. On these histological findings, a diagnosis of Brunner's gland hamartoma/adenoma was made.

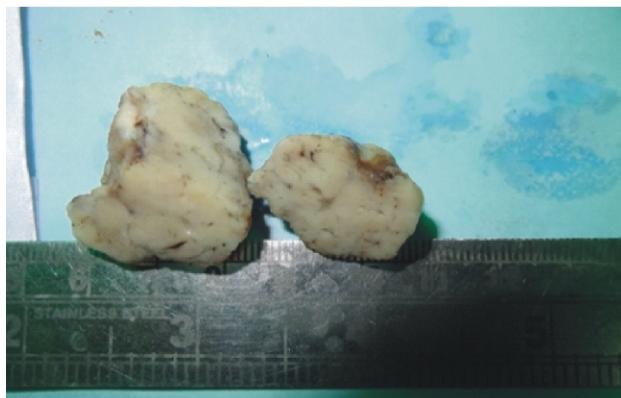


Fig. (1a) Gross CUT SECTION OF POLYPORDAL MASS

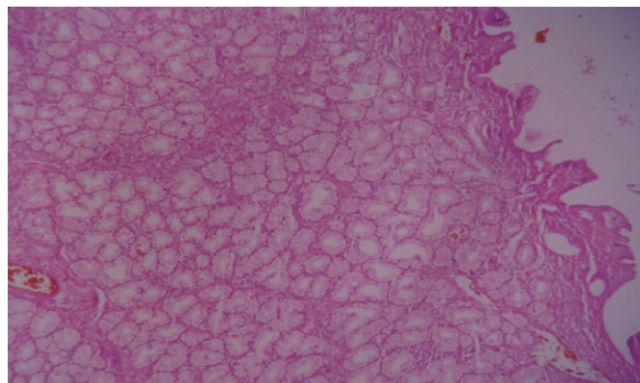


Fig. (1b) Photomicrograph showing Bruner glands separated by irregular bands of fibromuscular stroma

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