A RARE CASE OF DUODENAL GIST WITH ENTEROCUTANEOUS FISTULA

Supreeth Kumar Reddy Kunnuru*, Mayank Kumar Gujar, Thirunavukkarasu Sampath, Varun Palanati, Rakesh Raja Reddy. Department of Surgical Gastroenterology, Narayana Medical College, India

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Background Gist accounts for 0.1% to 0.3% of all gastrointestinal malignancies and duodenal gist is even more rarer. This is an interesting case of duodenal gist with enterocutaneous fistula managed successfully.

Methods A 40-year-old female, operated for misdiagnosed appendicular lump 3 weeks back, presented to us with fecal fistula from scar site and mass in right hypochondrium extending to right iliac fossa region underwent all the investigations followed by exploratory laparotomy + enbloc resection of duodenal mass + right hemicolecotomy + excision of fistulous tract + duodenojejunostomy was done.

Results Post surgery period was uneventful

Conclusions This is a rare case of large duodenal gist infiltrating hepatic flexure and ascending colon with enterocutaneous fistula managed successfully with wedge resection of duodenal mass avoiding Whipple procedure. Gist when enblock resection done with negative margins without any metastasis, show good prognosis post operatively

Abstract IDDF2019-ABS-0274 Figure 1 Gastroduodenal mass intramural air gastroduodenal intussusception

Conclusions We hereby present a rare case of gastric mass with bowel ischaemia changes, Gastroduodenal Intussusception in an elderly lady presenting with ascites, edema, pain abdomen and vomiting. It can be gastric carcinoma, less likely gastric lymphoma or aggressive leiomyosarcoma. Ascites cytology needs to be repeated two times to exclude malignancy, while exploratory laparotomy will make things very clear, a larger specimen can be sent for histopathology. The patient will need some palliation for gastric outlet obstruction.

Abstract IDDF2019-ABS-0282 TICKING TIMEBOMBS DUE TO PANCREATITIS

1Tripuraneni Venkata Aditya Chowdary*, 2Ch Madhusudhan, 3R Pratap Reddy. 1Gleneagles Global Hospital, India; 2Osmania Medical College, India

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Background Visceral arterial pseudo aneurysms are rare and usually involve the splenic artery. They mostly occur in the background of pancreatitis, with trauma being the second most common cause. The detection of the pseudoaneurysm has increased with our lowered threshold of using high-resolution imaging (CT/MRI/Doppler). Most of them are symptomatic and present a dilemma for management. The aim of the study was to identify all patients with abdominal visceral arterial pseudo aneurysms, analyze their clinical-pathological features, management and outcome.

Methods The study was conducted in the Surgical Gastroenterology Department of Osmania Medical College and Hospital. All patients who were diagnosed to have a splenic artery pseudo aneurysm from the January 2012 to July 2016 were included in the study.
Results A total of 15 cases were identified, splenic artery was the origin in thirteen and gastroduodenal artery in two. All patients were male, pancreatitis accounted for 14 (93.33%) and trauma for 1 (6.66%). All patients were symptomatic with abdominal pain (80%), GI bleed (66.66%) and fall in hemoglobin (66.66%) being the common symptoms. CECT with vascular reconstruction was the best investigatory modality to identify them. Angioembolization was used in two patients with good outcomes. Percutaneous thrombin was used in one patient but unsuccessful. Surgery was used in 13 patients (distal pancreateicospêneectomy - 8, transpseudocystic ligation - 3 and direct aneurysm excision - 1).

Conclusions Visceral arterial pseudoaneurysms are not as rare as previously thought and the incidence is rising as our threshold for imaging is falling. Their management is multidisciplinary and depends on the resources available. All of them are invariably symptomatic and require intervention of some sort for a permanent control. The threshold to offer surgery should be low as the morbidity (26.66%) and mortality (6.66%) are relatively low.

Abstracts

**BRUNNER’S GLAND HYPERPLASIA: A CASE SERIES**

Nara Bharat Kumar*, Tripuraneni Venkata Aditya Chowdary, Gleneagles Global Hospital, India

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**Background** Brunner’s glands are exocrine glands located in proximal duodenum. Except for its association with duodenal ulcers, Brunner’s gland hyperplasia has no clinical significance and mostly asymptomatic. Rarely one or few hyperplastic Brunner’s glands may form a mass lesion large enough to cause obstructive symptoms, epigastric pain, or upper GI bleeding. It is important to differentiate them from malignancy. Here we are presenting two cases of Brunner’s gland hyperplasia which were difficult to distinguish from neoplasia.

**Methods** All patients who on pathology were diagnosed to have Brunner’s gland hyperplasia at our center were studied.

**Results** Case 1, a 61-year old female was presented with history intermittent epigastric fullness associated non-bilious vomiting for 6 months. Endoscopy - large bossellated exophytic lesion in of D1. CECT 48x315x33 cm well defined minimally enhancing lesion in the medial wall in the D1 causing luminal narrowing. A EUS guided FNAB showed Brunner’s gland hyperplasia.

She underwent Laparoscopic Limited Resection of Antrum and 1st part of duodenum with Anterior Ante-colic loop Gasrojejunostomy. Her histopathology revealed burner’s gland hyperplasia.

Case 2, a 31-year old male presented with epigastric pain, nonbilious vomiting, anorexia for three months with a weight loss of 15 kgs.

Endoscopy- duodenal narrowing with nodular mass in the periamputillary area. CECT- 55x42x35mm heterotrophic mass arising from the second part of the duodenum with indistinct planes with the head of the pancreas. Surgery - Whipple’s operation and recovered well post operatively. His histopathology revealed Brunner’s gland hyperplasia.

**Conclusions** Primary duodenal tumors are extremely rare, accounting for less than 1% among all GI tumors and Brunner’s gland adenoma has an incidence of less than 0.01%.

Most patients with Brunner’s gland adenoma are asymptomatic or have complaints such as nausea, bloating, or vague abdominal pain. EUS-FNAC may remain inconclusive and surgical excision is required to confirm the diagnosis and to relieve symptoms of obstruction and bleeding. Laparoscopic excision can be done if there is preop. Diagnosis of benign pathology as here in case 1, however- a Whipple procedure may only an option when it is indistinguishable from malignancy. There have been no reports of recurrence after either endoscopic or surgical resection. They are benign and have a good prognosis.