Heterotopic Pancreatic Tissue: A Rare Cause of Chronic Cholecystitis

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Abstract
A 35 year old female, presented with chronic cholecystitis. The gall bladder on histopathology showed presence of heterotopic pancreatic tissue, which is a rare cause of cholecystitis, and in this case it was associated with lithiasis.

Introduction
Heterotopias in the gall bladder occur typically as incidental findings. Hepatic nodules are the most common amongst them. Next is gastric heterotopia. Pancreatic heterotopic tissue contains acinar tissue and occasionally islets of Langerhans, and may be responsible for acute pancreatitis limited to the gall bladder. Rare to occur are heterotopia of the thyroid and adrenal cortex.

Case Report
A 35 year old female, complained of vague pain in the epigastrium off and on since 2 months. This was associated sometimes with nausea and fever. On examination of the abdomen tenderness was present in the epigastrium, but there was no lump palpable. Chronic cholecystitis was suspected clinically and a cholecystectomy was done.

The gall bladder was distended (6.5 cm x 2.5 cm) and congested. On opening, it contained two small oval stones, about 0.5 cm. In diameter. A 0.5 cm. diameter. White nodule was seen in the wall of the gall bladder at the neck, probably causing antral narrowing and a partial obstruction, thus accounting for its mild distension and the clinical symptoms.

Histopathology from the neck of the gall bladder with the nodule showed it to be heterotopic pancreatic acinar tissue, in the wall in the serosa. The rest of the gall bladder wall showed minimal chronic inflammation (Fig. 1).

Discussion
Heterotopic pancreatic tissue in the gall bladder is rare, it usually contains acinar tissue as is seen in this case. Occasionally islets of Langerhans may be seen. Heterotopic pancreatic tissue may be responsible for acute pancreatitis limited to the gall bladder. Other rare heterotopias in the gall bladder are thyroid and adrenal cortical tissues. Common heterotopias are hepatic nodules and gastric mucosa. Heterotopia of the gall bladder is nearly always accompanied by inflammation of the gall bladder as seen in this case. It may also

Fig. 1: Heterotopic pancreatic acinar tissue seen in the gall bladder wall in the serosa. Chronic inflammation also seen in the wall.
be seen in association with gallstones or is detected as an incidental finding.  

References

MINIMAL ACCESS SURGERY FOR PNEUMOTHORAX
In primary spontaneous pneumothorax, the underlying cause is localised bullous disease in the lung apex. This disease affects men about three times as often as women. The problem is usually self limiting - the air is reabsorbed naturally and only about a third of patients have subsequent episodes. The internationally agreed estimates for recurrence are that after a second pneumothorax, 50% will recur and after a third procedure, about 70% will.

The threshold for surgery has decreased as the intervention becomes less invasive. The first series of video-assisted thoracic surgery operations (100 mixed indications) was reported in 1992. Since then, video-assisted thoracic surgery for pneumothorax has increased in absolute proportional terms. In this instance the goal is to reduce the likely recurrence rate from about 60% to as few as possible.


PREDICTIONS
'The potential role of these imaging probes for tumour detection and monitoring is progressively being recognised by clinical oncologists, biologists, and pharmacologists'.

Positron emission tomography (PET) is a highly sensitive, quantitative imaging technique that makes use of ligands labelled with positron-emitting isotopes. 18-fluorodeoxyglucose [18F]FDG) is the most widely used PET tracer in oncology. However, in the September issue of The Lancet Oncology, Ashley Groves and colleagues describe the current status of radiolabelled ligands other than [18F]FDG, which potentially offer much greater clinical utility in oncology.