



: 1 1

• • • 2 • 3 • 4

64

1

CT

(1-3).

가 (Fig. 1A).

CT

(1- 가

. CT

4). CT (4).

가

3×3×1.5 cm (Fig. 1B).

(4-7),

(acinar

cell) 가

1 , CT

(Fig. 1C).

65

20

3 cm

가

가

, 가

(1).

(metaplasia)

(1-3).

CT

가

, 가 , , , ,

(1-4).

18

1
2
3
4

(7),

(acinar cell carci-

2001 5 31

2001 6 20

noma) 1

(4-7).

가 , 가 ,
(4). 가 가
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CT (1- (4, 9).
4). CT
1-3 cm 가
6 cm
(1-3). 가
(1, 2). 가 3 cm
, CT 가 가 , 가
(4, 8). CT (5).

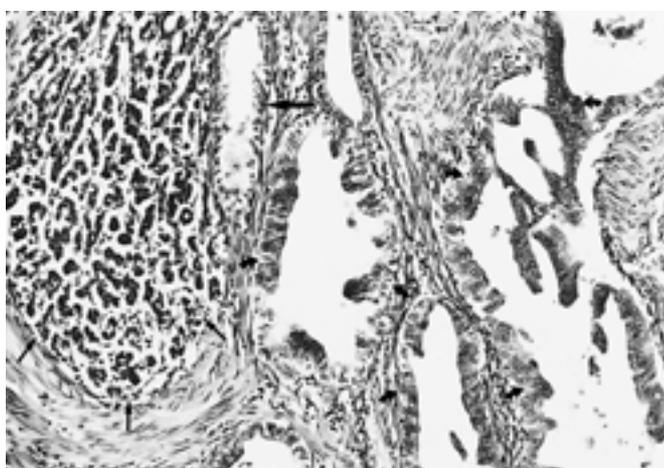
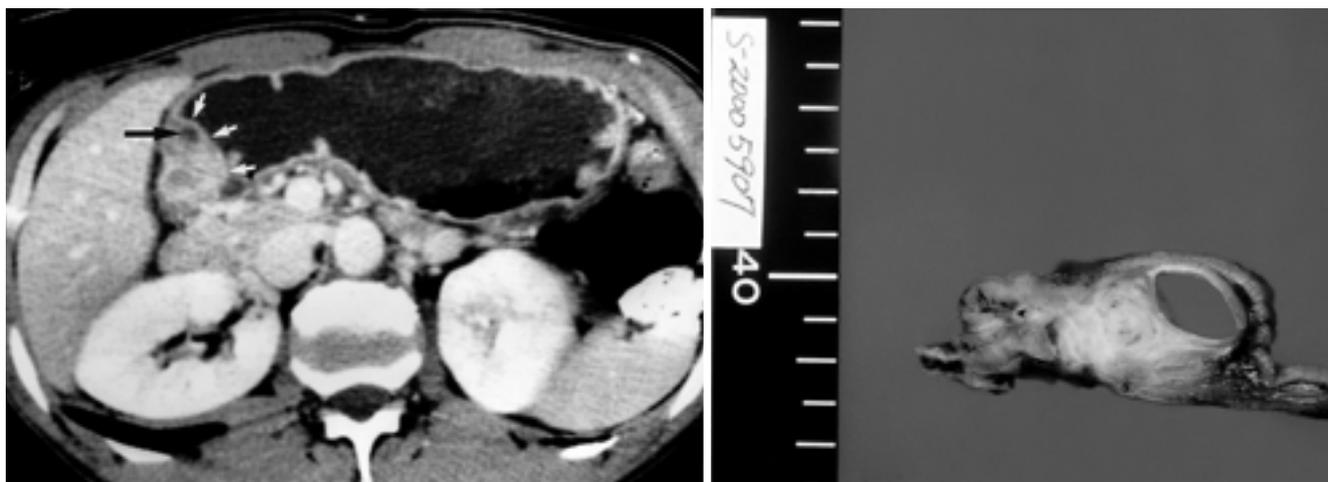


Fig. 1. Ductal adenocarcinoma arising from heterotopic pancreas in the stomach in a 64-year-old man.

A. Contrast-enhanced CT scan with water as an oral contrast agent shows a submucosal mass with a small cystic portion (black arrow) in the gastric wall of prepyloric antrum along the greater curvature aspect. Note contrast-enhanced normal overlying mucosa (white arrows).

B. Cut surface of gross specimen shows an oval shaped, submucosal mass with small cystic portion, which corresponds to CT findings.

C. Photomicrograph of histopathologic specimen shows heterotopic pancreatic tissue composed of pancreatic acini (small arrows), pancreatic duct (large arrow), and malignant transformation to ductal adenocarcinoma (short curved arrows). (H & E stain, $\times 100$)

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Ductal Adenocarcinoma Arising from Heterotopic Pancreas in the Stomach: A Case Report¹

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Malignant transformation of heterotopic pancreas is extremely rare. We report a case of ductal adenocarcinoma arising from heterotopic pancreas in the stomach of a 64-year-old man. Preoperative CT scans showed the lesion as a submucosal mass along the greater curvature of the pyloric antrum and protruding into the pyloric canal. After gastric surgery, the resected tumor was histopathologically diagnosed as a ductal adenocarcinoma arising from heterotopic pancreas with cystic dilatation of aberrant pancreatic duct.

Index words : Stomach, abnormalities
Stomach, neoplasms
Stomach, CT

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