Adenomyomatous Hyperplasia of the Ampulla of Vater Masquerading as Malignancy: A Case Series

Patrick Hickey DO
Lehigh Valley Health Network, Patrick.Hickey@lvhn.org

Saba Ahmad MD
Lehigh Valley Health Network, Saba.Ahmad@lvhn.org

Matthew Sullivan DO
Lehigh Valley Health Network, Matthew.Sullivan@lvhn.org

Miriam L. Enriquez MD
Lehigh Valley Health Network, Miriam_L.Enriquez@lvhn.org

Jeffrey Brodsky MD
Lehigh Valley Health Network, Jeffrey_T.Brodsky@lvhn.org

See next page for additional authors

Follow this and additional works at: http://scholarlyworks.lvhn.org/medicine

Part of the Gastroenterology Commons, Medical Sciences Commons, Other Medical Specialties Commons, and the Surgery Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Authors
Patrick Hickey DO, Saba Ahmad MD, Matthew Sullivan DO, Miriam L. Enriquez MD, Jeffrey Brodsky MD, and Hiral Shah MD

This poster is available at LVHN Scholarly Works: http://scholarlyworks.lvhn.org/medicine/488
Adenomyomatous Hyperplasia of the Ampulla of Vater Masquerading as Malignancy: A Case Series

Patrick Hickey DO, Saba Ahmad MD, Matthew Sullivan DO, Miriam Enriquez MD, Jeffrey Brodsky MD and Hiral Shah MD
Lehigh Valley Health Network, Allentown, PA

Background

• Definition: Adenomyomas are benign lesions likely composed of heterotopic pancreatic tissue rarely seen in the ampulla of Vater
• Patient Presentation: Biliary obstruction, abnormal liver tests, imaging abnormalities, and/or incidental discovery
• Endoscopic sampling of the papilla may show epithelial cell atypia suggesting dysplasia
• Patients often undergo invasive surgical resection for presumed malignancy

Case Series: Two patients that underwent surgery for distal common bile duct (CBD) brushings with malignant cytology, but final surgical pathology diagnosing adenomyomatous hyperplasia (AH)

Discussion

• Although uncommon, AH should be considered in the differential of CBD dilation
• Brush cytology may be suggestive of dysplasia and lead to surgical resection
• Histology will show multiple lobules of glands in the muscle layers of the ampulla and hypertrophy of the sphincter of Oddi
• Gastroenterologists, surgeons, and pathologists should be aware of AH of the ampulla of Vater as a rare benign clinical entity which may mimic a pancreaticobiliary malignancy

References:


Case Presentation

Patient 1

• A 74 year-old female with a history of cholecystectomy presents with recent colonic surgery complicated by an intra-abdominal abscess
• CT imaging: incidental dilatation of the CBD without pancreatic mass
• Endoscopic ultrasound (EUS) and endoscopic retrograde cholangiopancreatography (ERCP):
  - Dilatation of the CBD to 18 mm down to the ampulla and pancreatic duct prominence of 3.5 mm by EUS
  - Cholangiogram: significant upstream CBD dilatation and a 1 cm stricture of the distal CBD
• Patient underwent sphincterotomy, cytology brushings of the distal CBD, and biliary stent placement
• Brush cytology: malignant adenocarcinoma
• Patient underwent pancreactoduodenectomy
• Final surgical pathology: AH of the ampulla of Vater and incidental focal low-grade parenchymic intraductal neoplasia
• Post-operative course has been uneventful and she is doing well

Case Presentation

Patient 2

• A 73 year-old female with a history of cervical carcinoma, chronic kidney disease, and cholecystectomy presents with epigastric pain, back pain, dark urine, and weight loss
• MRCP: CBD dilatation to 20 mm
• EUS and ERCP showed:
  - CBD dilatation to 20 mm (10 mm in the distal CBD) and a prominent pancreatic duct (3 mm)
  - Cholangiogram: shield in the CBD with abrupt tapering in the distal CBD
• Patient underwent sphincterotomy, cytology brushings of the distal CBD, and biliary stenting
• Brush cytology: distal CBD high-grade biliary intraepithelial neoplasia; adenocarcinoma could not be excluded
• Patient underwent pancreactoduodenectomy
• Final surgical pathology: features of AH of the ampulla of Vater without carcinoma
• Her course has been uneventful after post-operative recovery

© 2014 Lehigh Valley Health Network