Endonography findings in brunneroma

A 42-year-old lady presented with flatulence and vague abdominal discomfort since two years. Gastroscopy showed a 2.0 cm sized sessile polyp in the first part of duodenum with smooth overlying mucosa.

Biopsies from the polyp showed duodenal mucosa with evidence of mild chronic duodenitis. A radial endosonography (Olympus GF UM 130) was performed. Endosonogram showed a submucosal mass which was uniformly hyperechoic (Figure 1). A diagnosis of submucosal lipoma was made on the basis of characteristic endosonographic findings.

The entire lesion was removed endoscopically after injecting saline at the base and placing two hemostatic clips at the stalk. Histology of the lesion showed closely packed Brunner’s glands with ducts in fibrous stroma with moderate lymphocytic infiltration suggestive of Brunner’s gland adenoma without evidence of malignancy (Figure 2).

Brunner gland adenoma, otherwise called Brunneroma, is a very rare tumor located mostly (57%) in the duodenal bulb, with an incidence of 0.008% in an autopsy series of 215000 cases. About 200 cases have been reported. Common clinical presentations are GI bleeding and obstructive symptoms. These are mostly benign but very rarely can turn malignant. Fourteen cases of malignant transformation are reported.

Earlier studies have described Brunner gland adenomas on EUS as being heteroechoic with cystic areas, echogeneity being a function of vascularity and fibrous tissue content of the tumor and the cystic spaces representing dilated glands.

Hyperechoic submucosal lesions seen on endosonography are usually labeled as lipomas. EUS findings in our case suggest that Brunner’s gland adenomas could also look like lipomas on endosonogram.

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References

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Figure 1: Endosonogram showing uniformly hyperechoic polyp in D1

Figure 2: Photomicrograph showing Brunner’s glands forming adenoma (H & E, 100 X)