A Polypoid Gastric Heterotopia of Jejunum Diagnosed by Capsule Endoscopy

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ABSTRACT
A 36-year-old lady presented with symptoms of intermittent small bowel obstruction caused by a polyp in the jejunum. CT scan and small bowel enema failed to demonstrate this polyp, and required a small bowel capsule endoscopy to finally reach a diagnosis. The objective of this report is to highlight the role of capsule endoscopy as a diagnostic tool in the small bowel pathology and to report a case of a polypoid gastric heterotopia of jejunum.

Key words: Small bowel obstruction. Jejunum polyp. Gastric heterotopia. Capsule endoscopy.

INTRODUCTION
The gastric heterotopia manifesting as an obstructing mass in the jejunum is uncommon. Heterotopic gastric tissue is found in association with other entities within the small bowel, such as Meckel’s diverticulum or duplications. In fact, various sites in the gut have been known to have heterotopic gastric tissue.1 We report a case of polypoid gastric heterotopia in the jejunum, which was diagnosed by capsule endoscopy.

CASE REPORT
A 36-year-old Asian lady with no significant past medical history was admitted as an emergency with the symptoms of intermittent colicky central abdominal pain and vomiting. On examination, she was dehydrated. Her abdomen was soft and no mass was palpable. She was tender around the umbilicus with no guarding or rigidity. The bowel sounds were active. The observations and routine blood tests were normal.

Abdominal X-rays showed chronically dilated loops of the small bowel. Ultrasound scan showed fluid filled loops of the small bowel with no intra-abdominal pathology.

She was treated conservatively for small bowel obstruction and discharged after complete recovery from her symptoms.

Subsequently, the patient was investigated as an outpatient with gastroduodenoscopy, colonoscopy, CT scan and small bowel enema, which were all normal. During the investigation time, the patient had two more similar episodes, which settled with conservative management. In the absence of a diagnosis, she underwent a capsule endoscopy, which showed a 2 cm polypoid lesion in the jejunum (Figure 1). The patient had a laparoscopic resection of the jejunum containing the lesion, and made a good recovery from surgery. Her symptoms settled completely. Histology showed this to be a 15 mm polyp, with gastric heterotopia (Figure 2).

DISCUSSION
Heterotopia, from the Greek “heteros” (different) and “topos” (location), is defined as the occurrence of normal tissue in an abnormal location. Gastric mucosa has been described in almost every part of the gastrointestinal tract, from the oral cavity to the rectum, including the gallbladder and liver.1 Gastric heterotopia presenting as a tumour like mass in the jejunum, is an uncommon event. In a review by Lee et al.,1 7 cases of gastric heterotopia of the jejunum presenting as masses (1.5-8 cm) were described. Gastric heterotopias of the small intestine can be asymptomatic, or present with symptoms of intestinal obstruction, ulceration, bleeding, perforation, intussusception and pain.3,4 This case presented with intermittent bowel obstruction. No case of malignant transformation has yet been reported. Heterotopia presents as polypoid or rugose masses and...
can be single or multiple. Histologically, heterotopic gastric mucosa consists of full mucosal thickness of specialized gastric glands composed of chief and parietal cells lined by foveolar epithelium.\textsuperscript{5} Capsule endoscopies have been shown to have a superior positive diagnosis rate (range from 45-76%) for the recognition of small bowel pathology compared with other methods, including push enteroscopy, barium contrast studies, computed tomographic enteroclysis, and MRI. The collective positive diagnosis rate is 21 positive diagnosis rate (1-52%). As a result of these observations, in 2001 capsule endoscopy obtained approval from the Food and Drug Administration in the United States.\textsuperscript{6}

This lady had a 2-cm gastric heterotopic mass of the jejunum, which was diagnosed by capsule endoscopy after remaining undetectable on other imaging modalities. This highlights the importance of capsule endoscopies in such cases of positive small bowel symptoms but with elusive etiology.

\section*{REFERENCES}