

A Giant Polypoid Gastric Heterotopia of the Ileum as a Cause of Intussusception in an Adolescent

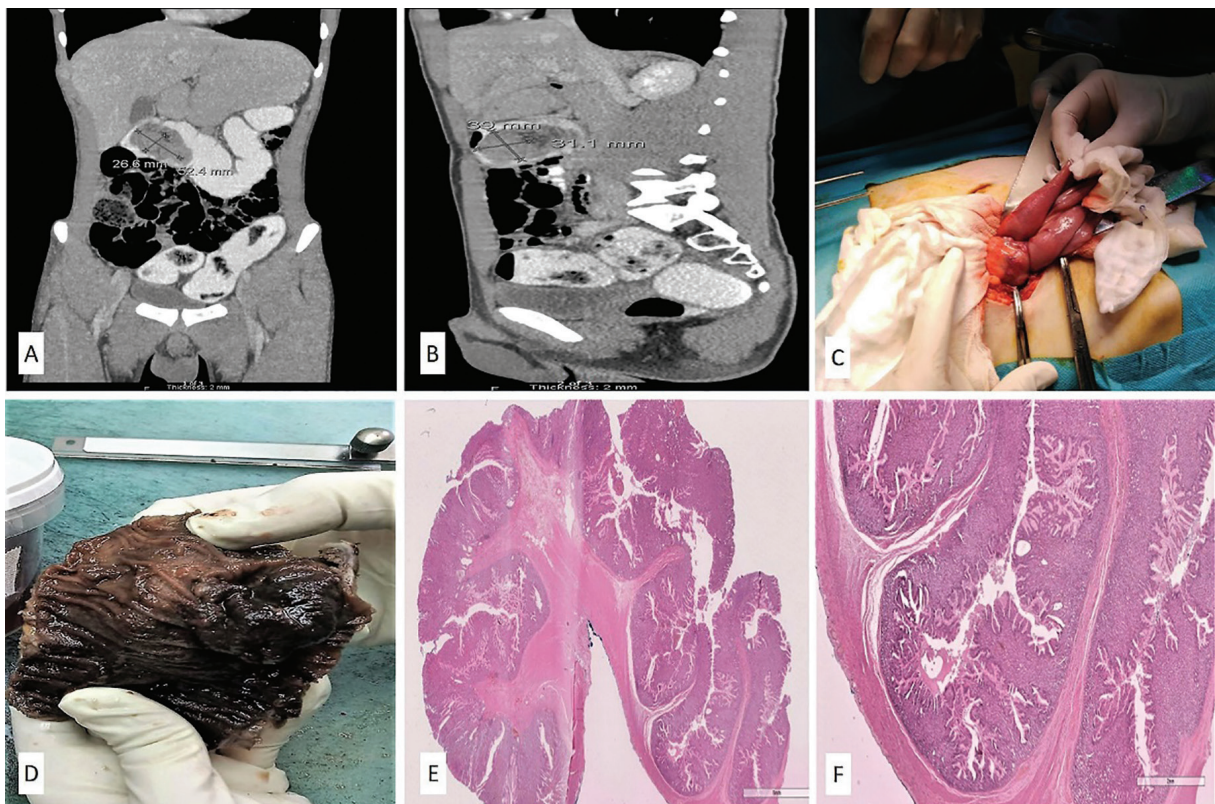
Jasmina Redzepagic¹, Kenan Karavdic², Alena Firdus², Haris Kuric³, Deniz Bulja³, Nermina Ibisevic¹, Zlatan Zvizdic², Semir Vranic⁴

¹Department of Pathology, University Clinical Center Sarajevo, Sarajevo, Bosnia and Herzegovina, ²Department of Pediatric Surgery, University Clinical Center Sarajevo, Bosnia and Herzegovina, ³Department of Radiology, University Clinical Center Sarajevo, Sarajevo, Bosnia and Herzegovina, ⁴College of Medicine, QU Health, Qatar University, Doha, Qatar

Correspondence: semir.vranic@gmail.com or svranic@qu.edu.qa; Tel.: + 974 4403 7873

Received: 12 May 2022; **Accepted:** 24 May 2022

Key Words: Small Intestine ■ Intussusception ■ Gastric Heterotopia ■ Polyps.



A 16-year-old boy presented to the emergency department with a 10-day history of abdominal pain and vomiting. Since childhood he had experienced occasional stomach pain and vomiting

related to his food intake. He denied diarrhea and other symptoms. An abdominal ultrasound was performed, revealing intussusception in the right hemiabdomen. It also showed a thickened and hypervascularized central intestinal gyrus within the cecum and ascending colon. Abdominal CT was also performed, revealing an invagination in the area of the ileocecum, with its head in the middle of the transverse colon. The presence of a mass was suspected at the head of the invagination, measuring approximately 5×3 cm (Panel A and B). Emergency exploratory surgery confirmed the radiologically verified intussusception (Panel C). Intraoperatively, a ~5 cm soft mass was found, occupying ~2/3 of the intestinal lumen. The mass was located approximately 50 cm proximal from the Bauchini valve. Partial ileal resection was

performed with end-to-end hand-sewn ileal anastomosis. Gross examination of the resected specimen revealed a polypoid lesion that measured $50 \times 30 \times 25$ mm (Panel D). Histopathological examination confirmed a well-demarcated polyp, lined by a foveolar type epithelium, with all the elements found in the gastric mucosa, and well-developed gastric glands (Panel E and F). No dysplasia or malignancy was identified within the gastric heterotopia. On the basis of the radiological, intraoperative and histopathological features, a giant polypoid gastric heterotopia was diagnosed. A second opinion was sought from an expert gastrointestinal pathologist who concurred with the final diagnosis.

Conflict of Interest: The authors declare that they have no conflict of interest.