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Biliary cystadenoma causing esophageal varices

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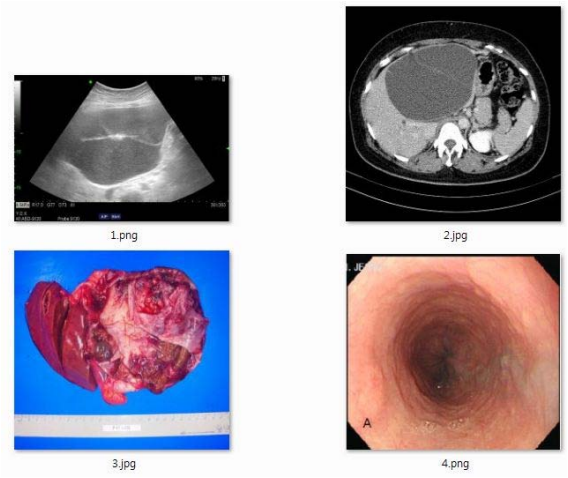
Biliary cystadenomas are benign but potentially malignant cystic neoplasm. The preferred treatment is radical resectionbecause it is difficult to differentiate a benign from a malignant biliary cystadenoma. A 40 year-old woman presented with moderate abdominal discomfort. Esophageal varix was found up to mid-esophagus on endoscopy. She has no prior history of liver disease or chronic alcohol ingestion. About 15 cm sized biliary cystadenoma was diagnosed by ultrasonography (US), computed tomography and magnetic resonance imaging. Serum level of bilirubin, alanine aminotransferase, alkaline phosphatase, gamma-glutamyl transpeptidase and tumor marker (Carbonhydrate antigen; CA19-9) were elevated. The patient underwent US-guided aspiration. Tumor markers from the aspirated fluid are increased (Carcinoembryonic angiten; CEA, CA 19-9). Left hepatectomy was performed to completely remove the cyst. Histology of the resected specimen confirmed a biliary cystadenoma of the liver with ovary-like stroma. Without prior history of liver disease or chronic alcoholic ingestion, incidental finding of esophageal varix could show an important clue for diagnosis of biliary cystadenoma.



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Heterotopic Gastric Mucosa causing leading to Recurrent jejunal Intussusceptions

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Heterotopic gastric mucosa (HGM) is a rare anomaly in the small bowel and supposed to be of vitellointestinal tract origin. In addition, HGM may cause intussusception as a lead point in the jejunum. A 5-year-old girl presented with chief complaints of vomiting and abdominal pains for 2 weeks. Her past medical and family histories were unremarkable. There was history of constipation. Medical therapy aimed at vomiting was unsuccessful. The abdominal computed tomography (CT) scan revealed the intussusception at proximal jejunal loops. Three times air reduction and once saline reduction was performed. At exploratory laparotomy, the intussusception could not be found. The patient continued to be symptomatic and referred for endoscopic evaluation. Enteroscopy withgastroscope showed some variable size polypoid mucosal lesions with erosions on proximal jejunum. We performed endoscopic mucosal resection to remove the jejunal lesion. Histopathologic evaluation showed hyperplastic polyps arising from heterotopic gastric mucosa. In immunohistochemical staining, these polyps expressed MUC4, MUC5AC, MUC6, MUC2, and c-erbB2, but negative for MUC1. Despite its rarity, HGM should be considered as a cause of recurrent intussusceptions and diagnostic studies should be performed