

Title

Myoepithelial hamartoma in the ampulla of Vater

Author Names Takeshi Tomoda*, Hironari Kato* and Hiroyuki Okada*

Affiliation

*, Department of Gastroenterology, Okayama University Hospital, Okayama, Japan

Corresponding author: Takeshi Tomoda, PhD

Department of Gastroenterology, Okayama University Hospital

2-5-1 Shikata-cho, Kita-ku, Okayama-city, Okayama 700-8558, Japan

Tel: +81-86-235-7219 Fax: +81-86-225-5991

E-mail: tomotake79@yahoo.co.jp

Conflicts of Interest and Source of Funding

There are no conflicts of interest to declare and all the authors have not be supported at any

Grants and finances.

Text

A 63-year-old man was admitted to our hospital because of anemia. Laboratory tests revealed iron-deficiency anemia. Duodenoscopy revealed a 1.5-cm pedunculated mass at the ampulla of Vater. The mass was tense and covered with a normal mucosa. Biopsy from the erosion at the tumor neck (arrowhead) showed normal ampullary tissue and thus did not confirm the diagnosis. Endoscopic retrograde cholangiopancreatography and intraductal ultrasonography revealed no tumor progression into the pancreatic and bile ducts. The mass was found to be limited to the ampulla. Endoscopic papillectomy was performed to ensure a correct diagnosis. Hematoxylin-eosin staining showed a benign duct and glandular structures surrounded by proliferating smooth muscle cells (original magnification: left, $\times 20$; right, $\times 100$). Acinus formation was not observed. The histopathological diagnosis was myoepithelial hamartoma (MEH). Hamartoma in the ampulla of Vater is rare, with only 6 cases reported so far among the cases without Peutz-Jegher or Cowdens syndromes as underlying diseases. All the patients had clinical symptoms such as jaundice due to bile duct obstruction from tumor enlargement; five underwent surgical resection. This is a rare case of MEH in the ampulla of Vater diagnosed using endoscopic papillectomy.