



New frontiers in ectopic pancreatic tissue management

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Abstract

The pancreatic development variations are relatively frequent but are often overlooked in clinical practice. This is due to the fact that they do not present with a distinct clinical picture and are usually asymptomatic. It also refers to the ectopic pancreatic tissue in the stomach. This anomaly can be diagnosed in any part of the digestive system, but it is mostly seen in the upper gastrointestinal tract, especially in the stomach, duodenum and jejunum. The management of this condition has evolved due to the development of minimally invasive procedures.

Key Words: Ectopic pancreatic tissue; Stomach; Endoscopy; Laparoscopy; Pancreas; Anomalies

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Core Tip: The pancreatic development variations are relatively frequent, however simply overlooked. Pancreatic anomalies are difficult in their diagnosis and treatment, as there is little information about their management. The treatment of this condition has improved due to the development of minimally invasive procedures. Overall, both laparoscopic resection and endoscopic submucosal dissection seem to be methods of choice for the treatment of ectopic pancreatic tissue in the stomach, albeit surgery is better in the case of a large mass located deep in the abdominal cavity.

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TO THE EDITOR

We read with interest the article by Zheng *et al*[1] titled “Laparoscopic resection and endoscopic submucosal dissection for treating gastric ectopic pancreas”, which explores the efficacy of laparoscopic resection and endoscopic submucosal dissection (ESD) in gastric ectopic pancreas. Indeed, it is a rare developmental variation and there is limited information about its management. Overall, the developmental variations of the pancreas are relatively frequent but are often overlooked in clinical practice[2]. This is due to the fact that they do not present with a distinct clinical picture and usually are asymptomatic[3]. In some cases these developmental anomalies can lead to chronic or acute pancreatitis and malignancies[3,4]. Therefore, the majority of developmental variations and anomalies are diagnosed in adulthood. It also refers to the ectopic pancreatic tissue in the stomach. This anomaly can be diagnosed in any part of the digestive system, but it is mostly seen in the upper gastrointestinal tract, especially in the stomach, duodenum and jejunum[5].

The authors report 49 cases of ectopic pancreas tissue in the stomach, its diagnosis and treatment. The manuscript is interesting in many ways as the study provides detailed information about endoscopic and laparoscopic managements of this complex entity. There have been several similar reports, one of which in Japan (57 patients) and another in China (93 patients)[6,7]. None of the included patients had severe adverse events or relapse. Thus, ESD is a safe and implementable method for the treatment of ectopic pancreatic tissue in the stomach. With the recent progress in endoscopic technology, ESD method has evolved to the full-thickness endoscopic resection[1,6,7]. The current progress in endoscopy allows to perform minimally invasive procedures on the gastrointestinal and pancreatobiliary tract with lower postoperative results compared to open surgery[8].

The researchers collected a cohort of cases where minimally invasive procedures were employed, shedding light on their feasibility, safety and overall outcomes. The patients were diagnosed by means of endoscopic ultrasonography. Notably, the research suggests that laparoscopic resection and ESD can be effective in managing gastric ectopic pancreas, providing a less invasive alternative to traditional surgical approaches.

This study focuses on endoscopic and laparoscopic techniques. It is particularly noteworthy, as it aligns with the broader trend in surgical practices towards minimally invasive procedures. The use of laparoscopic approaches not only reduces postoperative pain, but also shortens hospital stay and recovery time. These benefits, when applied to the treatment of gastric ectopic pancreas, hold the potential to enhance patient outcomes and satisfaction.

The study also highlights the importance of a multidisciplinary approach in the management of gastric ectopic pancreas. Collaboration between gastroenterologists and surgeons becomes crucial in determining the most appropriate treatment strategy for individual cases. The establishment of clear guidelines and protocols based on the evidence presented in this study can further streamline decision-making processes in clinical settings.

However, like any research, this study has its limitations that are disclosed by the authors. The sample size and the retrospective nature of the analysis may introduce biases and limit the generalizability of the findings. Additionally, the absence of a direct comparison with traditional surgical methods leaves room for future studies to explore the relative advantages and disadvantages of different approaches more comprehensively.

Nevertheless, this study lays a solid foundation for future research avenues in the field of gastric ectopic pancreas management. Prospective multicentric studies comparing laparoscopic resection and ESD with traditional surgical methods would provide a more robust understanding of the comparative effectiveness and safety profiles. In overall, both laparoscopic resection and ESD seem to be methods of choice for the treatment of ectopic pancreatic tissue in the stomach, albeit surgery is better in the case of a large mass located deep in the abdominal cavity[1].

FOOTNOTES

Author contributions: Covantsev S analyzed the data and wrote the manuscript.

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