

Adenomyoma OF Ampulla OF Vater; a case report

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Abstract:

A 48 years old male was hospitalized for epigastralgia and fever. The clinical presentation, endoscopic, biochemical & radiological findings led to the diagnostic impression of malignant neoplasm of Ampulla of Vater. Whipple's procedure was carried out.

Histopathological examination of the specimen revealed an Adenomyoma of Ampulla of Vater. To our knowledge, this is the first report of this tumor in Iraq.

Case report:

A 48 years old Iraqi man arrived at the hospital in November 2003 complaining of epigastralgia&fever.

Abdominal radiographic examination, ultrasound studies, computerized tomographic scan (CTscan), magnetic resonance imaging (MRI)& endoscopic ultrasound examination (EUS) were performed & revealed dilated common bile duct & an ampullary tumor. An extensive surgical resection was done (whipple's procedure).

Pathological findings:

Grossly there were no significant pathological findings except a small mass (2x2) cm was seen at the region of Ampulla of Vater that was well encapsulated. Its cut section showed homogenous solid areas without hemorrhage or necrosis.

Microscopical examination using the routine hematoxylin and eosin stain showed lobules of benign ducts and ductules with interlacing bundles of smooth muscle in manner reminiscent of breast fibroadenoma and to lesion of the

gallbladder or extrahepatic ducts known as Adenomyoma or adenomyomatous Hyperplasia.

Discussion:

Benign tumors of the Ampulla of Vater are extremely rare. Only few cases of Adenomyoma of Ampulla had been reported all over the world.^(1,2,3,4)

Most cases of Adenomyoma of the papilla of Vater causing biliary obstruction and usually resulted in an extensive surgical resection because of the clinical and roentgenographic suspicion of carcinoma.

Morbidity rates associated with Whipple's operation remain high from 25% to 50%.⁽⁵⁾ *Kayahara-M* et al (2001) had described a case of an Adenomyoma of the papilla of Vater in a 42years old female. she was treated successfully by laparotomy and duodenotomy, incorporating cholangiomanometry and cholangiography as well as intraoperative frozen section examination of a transduodenal papillectomy specimen led to the diagnosis of adenomyomatosis of the papilla. The patient was doing well 38 months postoperatively.⁽⁶⁾

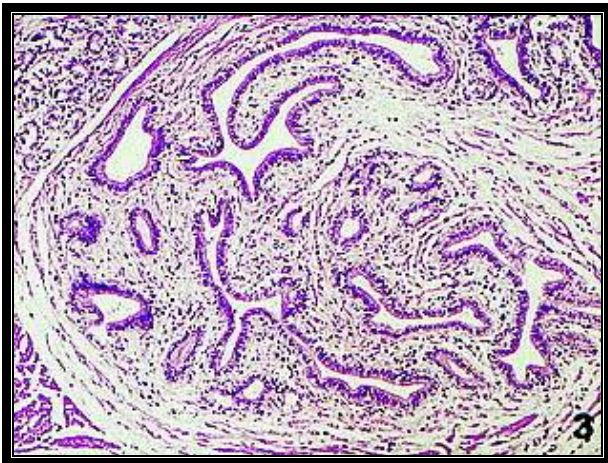
We agree with *Kayahara* that such a combined approach to intraoperative diagnosis is important to avoid excessive surgery for a benign periampullary disease.

We suggest that increased awareness of this entity is important to avoid overlooking or misdiagnosing it so any case of obstructive jaundice and biliary obstruction should be thoroughly investigated and doing ampullectomy rather than whipple's procedure is rapidly gaining consensus to reduce morbidity and mortality.

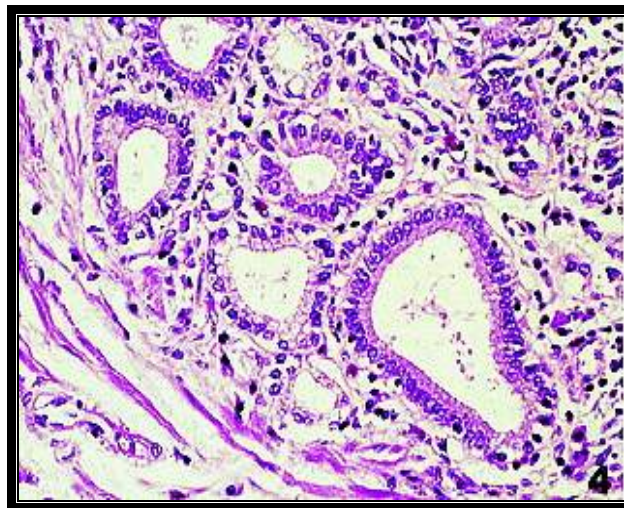
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adenomyoma (low power view x 100)



**adenomyoma(bland looking glands with interlacing smooth muscle fibers)
(higher power view x 400)**

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