

Periampullary adenomyoma : a true trap diagnosis

G. Benkhedda, Y Lamouti
Faculty of Medicine. Saad Dahleb University Blida.

INTRODUCTION:

Adenomyoma is a term generally applied to nodular lesions showing proliferation of both epithelial and smooth muscle components. It is usually presented as biliary obstruction.

Most cases are misdiagnosed as adenoma or carcinoma by preoperative endoscopy or radiologie. Therefore, it is frequently treated with extensive surgery.

MATERIELS AND METHODS :

We report a case of a 28 yearsold man with an adenomyoma located in the ampulla of vater diagnosed by endoscopy piecemeal resection.

RESULTS :

On histologie examination, the lesion consisted of hyperplastic glandular lobules, mainly located in the muscle layers of the vaterian system.

The lobular formations consist of small glands surrounded by myofibroblastic, fibroblastic proliferation, sparse capillaries and inflammatory cells.

IHC : Ki67 : rare cells with a

positive nuclear staining were presenting in the epithelial and mesenchymal components.

AML : The myofibroblastic of most spindle cells was confirmed by a strong cytoplasmic expression.

DISCUSSION:

Real incidence of adenomyoma of the vaterian system is difficult to appreciate as different names (adenomyoma, adenomyomatosis, myoepithelial hamartome) are used to designate the same histological lesion.

Adenomyoma was diagnosed only in adult patients mean age : 63 y).

The histogenesis is still a subject of controversy

The most widely accepted hypothesis is that the lesion may represent a form of incomplete heterotopic pancreas.

Adenomyoma is considered as benign and slow growing, but its potential neoplastic nature cannot be excluded.

CONCLUSION:

The diagnosis of adenomyoma has important clinical consequences. Although it is a benign lesion, it is often treated with extensive surgery, and histological examination is required for precise diagnosis.