

中文題目：布氏腺增生：上消化道出血的罕見病例

英文題目：Brunner's Gland Hyperplasia: A Rare Case of Upper Gastrointestinal Bleeding

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Introduction

Benign duodenal tumors are very rare with incidence of 0.008%. Brunner's glands are duodenal glands located in the submucosal layer. Brunner's gland hyperplasia is usually asymptomatic and an incidental finding during esophagogastroduodenoscopy. Here, we reported a rare case of upper gastrointestinal bleeding caused by big Brunner's gland hyperplasia.

Case report

A 27-year-old woman, denied any underlying disease or surgical history, presented to the out-patient department with 1-day shortness of breath. She also mentioned tarry stool and sometimes abdominal cramping in that week. The initial vital signs revealed relative hypotension with tachycardia. Pale conjunctiva was noted in physical examination. The laboratory data found normocytic anemia, hemoglobin was only 5.5g/dL, and stool occult blood reported strong positive.

Esophagogastroduodenoscopy demonstrated a 4cm tumor with surface ulcer located at the junction of duodenal bulb and second portion. The mucosa was intact except the surface ulcer, but it bled after only light touch by scope. Under the suspicion of malignancy, we did the biopsy and send for pathologic exam. We also arranged abdominal computed tomography which found a 4cm heterogeneous enhanced mass in duodenum and there was no definite enlarged lymph node found. The final reported from pathologist was only ulcerative necrotic debris with active inflammation. Because of the persisted tarry stool and dropped hemoglobin, the surgeon performed duodenotomy and local excision for the duodenal tumor one month later. Surprisingly, the pathologist reported Brunner's gland hyperplasia finally. The patient recovered well after the surgery and no more tarry stool developed. Six months later, the following esophagogastroduodenoscopy found the surgical stitches and shallow ulcer without tumor recurrence.

Discussion

Brunner's gland hyperplasia accounts for 10.6% of all benign duodenal tumors. Etiology remains unclear, although several hypotheses have been suggested. Despite

they are usually described as entirely benign lesions, malignant transformation has been identified in a few reports. They are often found in the proximal duodenum, with 70% found in the duodenal bulb and 26% in the second portion of the duodenum. The majority are pedunculated and commonly 1~2cm in diameter. The clinical manifestations of Brunner's gland hyperplasia are nonspecific, such as epigastria, abdominal distention, or dyspepsia. It can also lead to hemorrhages, diarrhea or bowel obstruction. Diagnosis requires histological examination. Treatment includes resection by endoscopy, laparoscopy or laparotomy. Here, we reported a rare case of Brunner's gland hyperplasia bleeding and the symptom cured after resection of the lesion. All physicians should keep in mind: despite the benign lesion, it might have malignant behavior which should be resolved.