

Clinical-Medical Image

## An Unusual Case of Gastric Heterotopia in the Ascending Colon

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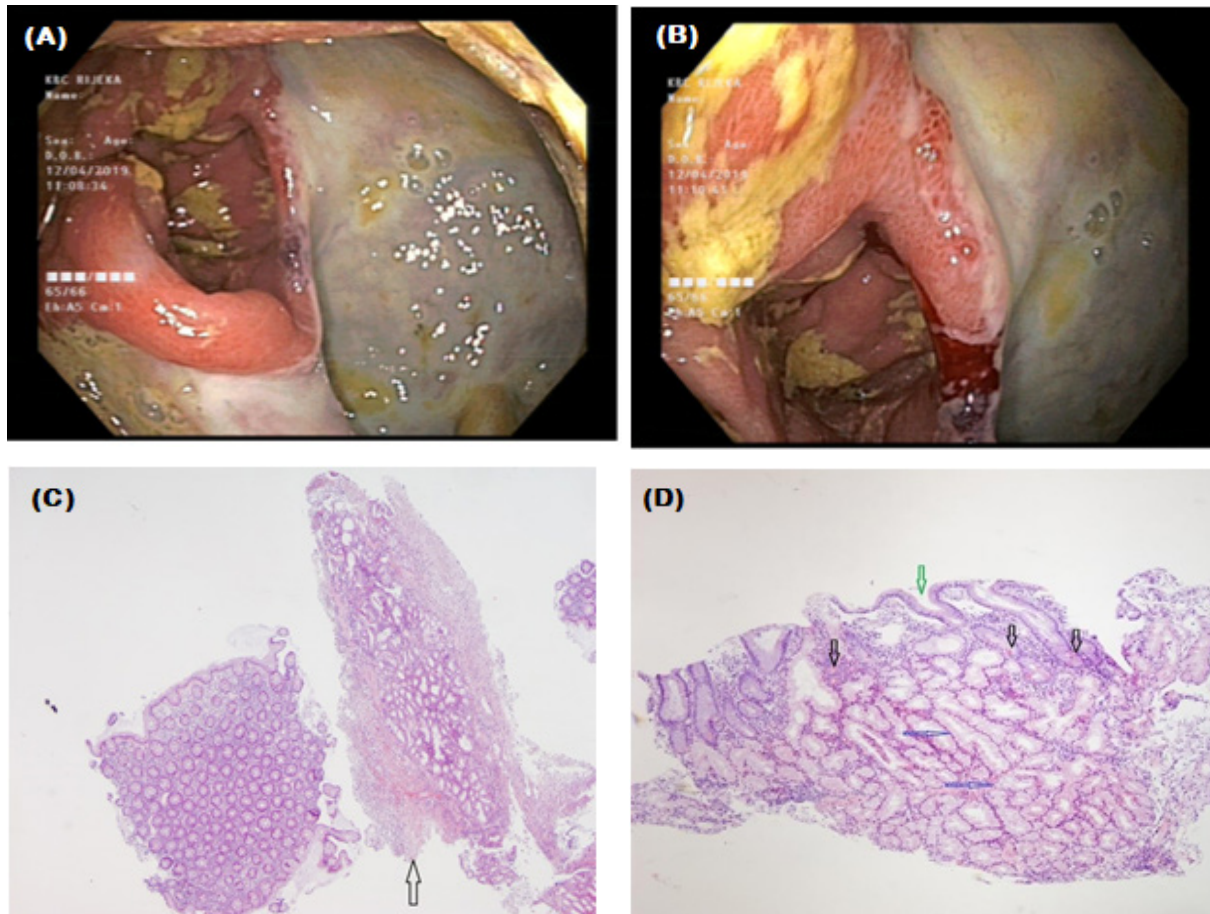


Figure 1: Colonoscopy images.

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A 53-year-old male with a history of DBM type 2 and chronic pancreatitis was admitted through the ED for RLQ and epigastric pain with 20 days of blood-mixed diarrhea and no bowel movements in the past 3 days. The patient was severely malnourished (BMI 13), nonfebrile, did not travel recently and had no sick contacts. On physical exam bowel sounds were heard, there was diffuse abdominal tenderness without signs of peritonitis and negative LS. Parenteral/enteral nutrition was administered. Microbial stool analysis was negative. CT scan showed mild thickening of the gastric and small bowel wall, significant calcification of pancreatic tissue due to chronic pancreatitis and notable atherosclerosis of the aorta and its visceral branches. A large ulcerative lesion covering more than 50% of the circumference of the ascending colon was found on colonoscopy (Figure A,B). On microscopic examination of the biopsies, six samples were consistent with colonic mucosa while two were found to contain gastric mucosa with shortened pits lined by specialized foveolar epithelium (green arrow) and glands lined by mainly mucinous (blue

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arrows) and red parietal cells (black arrows) (Figure C,D).

**Keywords:** Gastric heterotopia; Endoscopy; Colonoscopy; Colonic ulcer; Gastric heterotopia in the ascending colon; Biopsy; Histology; Ascending colon; Colonic pathology; Ulcerative lesion; Gastric mucosa; Parietal cells

**Conflict of Interest**

None of the authors has any conflicts of interests to disclose.