A case of inverted cystic Brunner’s gland hyperplasia

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Cystic Brunner’s gland hyperplasia is a benign lesion of the duodenum that may not be familiar to gastroenterologists because of its rarity. Moreover, inverted cystic Brunner’s gland hyperplasia is more uncommon lesion. Here, we report a case of inverted cystic Brunner’s gland hyperplasia in a 34-year-old man. An endoscopy of the upper digestive tract revealed the presence of a 1.2 cm sized polypoid mass of the duodenal second portion. Endoscopic submucosal dissection was performed to remove the mass. Microscopically, a cystic lesion was seen in the submucosa underneath the normal surface duodenal mucosa. Hyperplastic Brunner’s glands were seen close by the cyst. The cyst was lined by a layer of columnar epithelium similar to that of Brunner’s gland ducts with no cytologic atypia. Also, a part of the cyst lining was inverted into the cyst lumen with fibrovascular core. Therefore, the final diagnosis was a inverted cystic Brunner’s gland hyperplasia.

Infectious spondylitis after esophageal injury from blunt trauma

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Traumatic esophageal injuries are a relatively rare complication after blunt chest trauma. In most instances, the injury presents as a submucosal hematoma, although a transaction may occur. Several cases such as esophageal ulcer, esophageal perforation or rupture, and tracheoesophageal fistula after blunt trauma are described in the literature. We report a case of thoracic spondylitis that occurred after esophageal injury from blunt trauma; to the best of our knowledge, this is the first case described in the literature. A 53-year-old male driver, who was wearing his seat-belt, was driving his car when a collision with a tree lining a street caused him to be suffered from blunt chest trauma. He complained of symptoms of heartburn and epigastric pain. Seven days after accident, esophagogastroscope showed 3.5*4 cm sized deep ulcer with overlying whitish exudates at 27 cm from the incisors. His symptoms slowly resolved with proton pump inhibitors. One month later, he complained of dysphagia, odynophagia, weight loss, back pain and mild febrile sense. An esophagogastroscope at that time showed about 3 cm sized hyperemic polypoid mass with broad base and superficial ulcerations at 27 cm from the incisors. Biopsy of the lesion revealed chronic esophageal ulcer with papillary squamous hyperplasia. The MR imaging showed evidence of spondylodiscitis involving the T2-4 disc with inflammatory soft tissue thickening in anterior paraspinal and anterior epidural space. Esophagram showed extrinsic compression at the upper esophagus without definite extraluminal leakage. The patient was treated with antibiotics (ampillin/sulbactam) for 2 months, which lead to clinical improvement and disappearance of dysphagia and back pain. An esophagogastroscope at the end of treatment showed whitish ulcer scar. And also, follow up MR imaging revealed resolution of the vertebral, epidural, and paraspinal lesion.