Adenomyoma of Stomach

A central umbilication, often described as being typical of leiomyoma or neurofibroma, which may also occur in the pylorus, was found in one case (Cimmino, 1955).

The pyloric niche in the present case corresponded to the track demonstrated histologically. Ducts opening into the pyloric antrum have not been previously described in adenomyoma and have been referred to as being typical of heterotopic pancreatic tissue (Lapridari, 1937). There is a close relation between these two lesions. Both originate from primordial epithelial buds which may develop in varying degrees of differentiation, resulting in the eventual histological spectrum of adenomyoma, aberrant pancreas, and hyperplasia of Brunner’s glands (Clarke, 1940). The essential histological feature is the presence of differentiated and undifferentiated glandular tissue in the submucosa and mucosa of the pyloric antrum (Stewart and Taylor, 1925). The lesion is classified according to which cell type predominates: undifferentiated glandular epithelium and muscle whorls in adenomyoma, Brunner’s type differentiated epithelium, or pancreatic type acini. Aberrant pancreas is the commonest of these. It is seen more often in males (Coleman, 1963) and produces pyloric obstruction in 25% of cases which occur in adults (Palmer, 1951). It is usually intramural and almost half the lesions are in the distal third of the stomach.

Apart from pyloric obstruction due to peptic ulceration with pylorospasm or fibrosis and the characteristic deformity due to pyloroplasty, there are many benign causes of pyloric stenosis. A pyloric mucosal polyp usually has a pedicle and is mobile.

In the case described the lesion was thought on barium meal examination to be due to aberrant pancreas. Histology confirmed the diagnosis of gastric adenomyoma. The patient remained asymptomatic over a two-year period.

**REFERENCES**


