

# Simultaneous Major and Minor Papillary Adenomas in an Elderly Patient Without Familial Adenomatous Polyposis

Muhammed Yaman Swied, MBBS<sup>1</sup>, Harris Siddiqui, MD<sup>2</sup>, and Abdul Swied, MD<sup>2</sup>

<sup>1</sup>Alfaisal University College of Medicine, Riyadh, Saudi Arabia

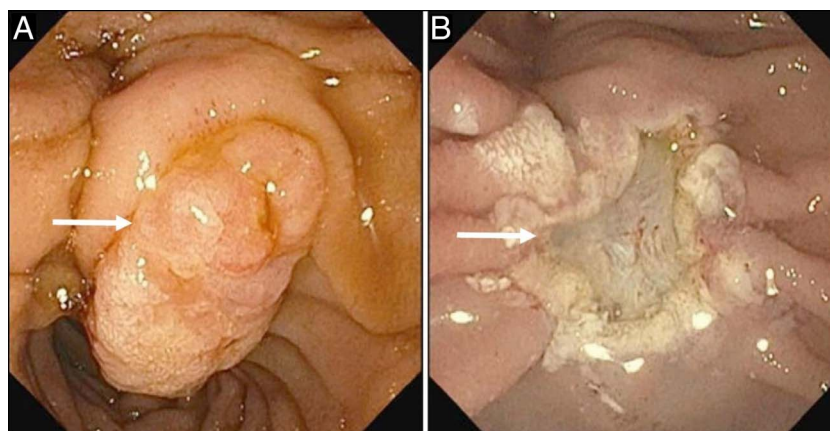
<sup>2</sup>Southern Illinois University School of Medicine, Springfield, IL

## CASE REPORT

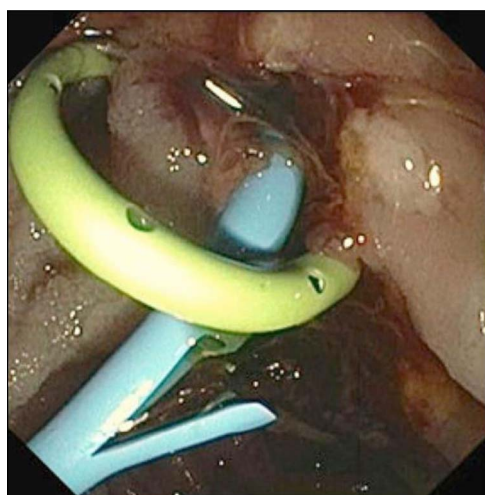
A 69-year-old woman with unknown history of familial adenomatous polyposis (FAP) underwent a diagnostic esophagogastroduodenoscopy (EGD) for abdominal pain and intractable nausea and vomiting. Esophagogastroduodenoscopy revealed an enlarged adenomatous lesion at the major papilla. Biopsies of the lesion showed tubular adenoma with no evidence of dysplasia. The patient was referred for endoscopic ultrasound and endoscopic papillectomy. Endoscopic ultrasound revealed a 20 mm semipedunculated major papilla without bleeding, ulceration, or distal invasion (Figure 1). Snare papillectomy with careful attention to the borders of the lesion was performed, with prophylactic biliary and pancreatic duct stents placed (Figures 2 and 3). Two months later, a screening colonoscopy to rule out FAP was performed and showed 3 diminutive 3–5 mm sessile polyps in the transverse colon. The colonoscopy was otherwise unremarkable. Two years later, surveillance endoscopy revealed an adenomatous lesion at the minor papilla with no recurrence at the major papillectomy area. Biopsies of the lesion showed tubular adenoma with no evidence of dysplasia (Figure 4). Endoscopy showed a 5–6 mm adenoma on the minor papilla without any ulcerations (Figure 4). Snare papillectomy was performed without stent placement, given the scarce data on post-minor papillectomy stenting and the pancreatic duct's small drainage into the minor papilla (Figure 4). In our own experience, post-minor papillectomy stenting might be performed in cases of pancreatic divisum where the pancreatic duct is dominant and relatively dilated to place a stent. Adenomas are the most common benign lesions of the papillae, but can undergo malignant transformation into papillary carcinomas.<sup>1</sup> Our case highlights an unusual case of simultaneous minor and major papillary adenomas in a patient with unknown FAP treated safely by endoscopic papillectomies.



**Figure 1.** Endoscopic ultrasound showing semipedunculated major papilla without bleeding, ulceration, or distal invasion (yellow circle).



**Figure 2.** (A) Esophagogastroduodenoscopy showing major papillary adenoma (white arrow). (B) Endoscopic papillectomy of the major papillary adenoma (white arrow).



**Figure 3.** Stent in the main pancreatic duct (yellow) and the common bile duct (blue).

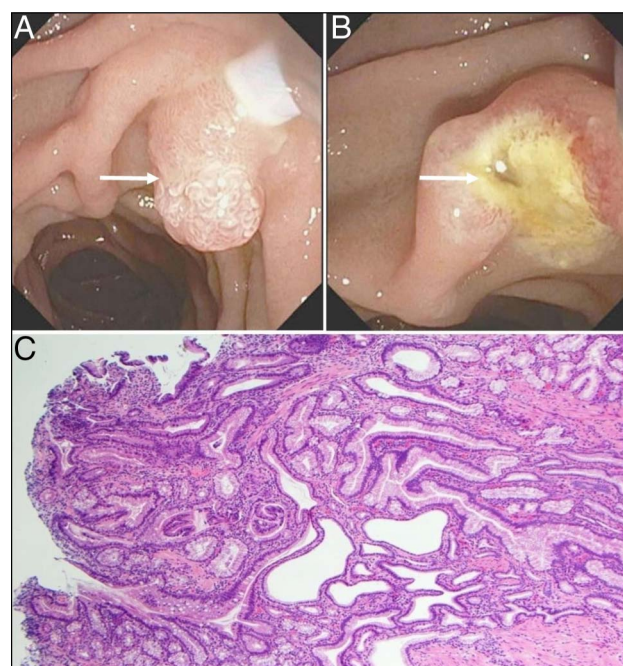
## DISCLOSURES

**Author contributions:** MY Swied was involved in the care of the patient, wrote the first draft of the manuscript, and wrote the final version after receiving input from the other authors. H. Siddiqui was involved in the care of the patient and edited the second draft of the manuscript. A. Swied performed diagnostic EGD on the patient, provided pictures and captions of EGD images, edited the first draft of the manuscript, and approved the final draft of the manuscript and is the article guarantor.

**Financial disclosure:** None to report.

**Informed consent** was obtained for this case report.

Received June 1, 2023; Accepted August 28, 2023



**Figure 4.** (A) Esophagogastroduodenoscopy showing minor papillary adenoma (white arrow). (B) Endoscopic papillectomy of the minor papillary adenoma (white arrow). (C) Histopathology showing tubular adenoma with no evidence of dysplasia (hematoxylin and eosin 20 $\times$ ).

## REFERENCE

- Chini P, Draganov PV. Diagnosis and management of ampullary adenoma: The expanding role of endoscopy. *World J Gastrointest Endosc.* 2011;3(12): 241–7.

**Copyright:** © 2023 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of The American College of Gastroenterology. This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.