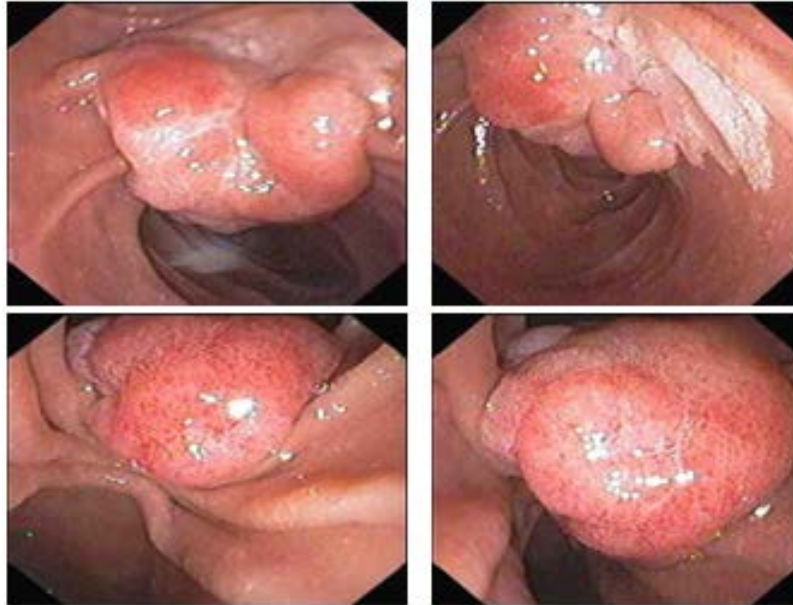


## Ampullary adenoma

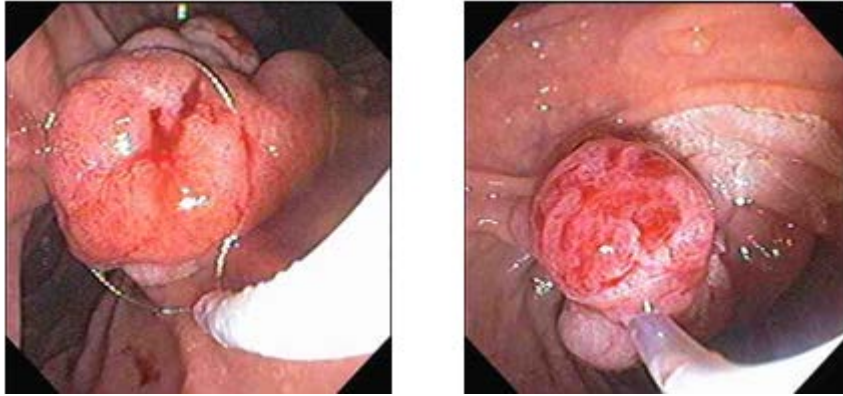
A 51 year old woman underwent upper endoscopy for the work up of family history of ampullary adenocarcinoma. The esophagogastroduodenoscopy (EGD) showed a prominent major papilla. A sideviewing scope showed an approximately 2 cm villous adenoma (**Figure 1**). Biopsy specimen confirmed a villous adenoma with low-grade dysplasia (benign). The patient was advised to undergo an endoscopic ampullectomy. A snare assisted ampullectomy was performed with blended current and the adenoma was removed using a piecemeal technique (**Figure 2**). Specimens were collected using a basket (**Figure 3**). Biliary sphincterotomy was done (**Figure 4**) and a 5 Fr, 3 cm pancreatic stent was placed to prevent pancreatitis (**Figure 5**). Intraductal biopsies were taken to exclude intraductal extension (**Figure 6**). The procedure was uneventful. The patient remained stable and was discharged the same day. At 4 month follow-up, there were 3 small residual adenomas seen and were endoscopically removed (**Figure 7**). At one year follow-up, a tiny residual adenoma was seen and ablated with cautery (**Figure 8**).

Comment: Most benign ampullary adenomas can now be removed endoscopically without open surgery. Follow up endoscopy is needed approximately each year as recurrences are common.

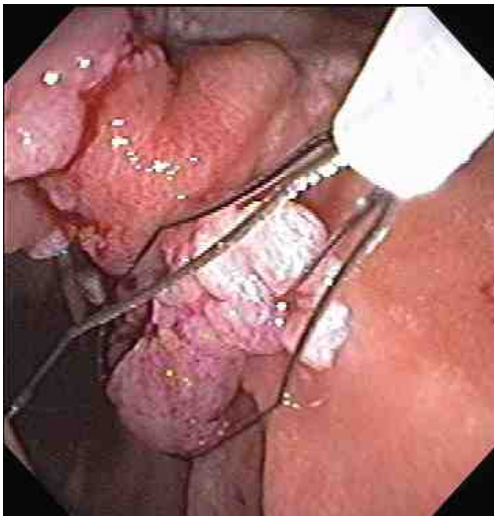
**Figure (1):** ERCP showed an approximately 2 cm villous adenoma



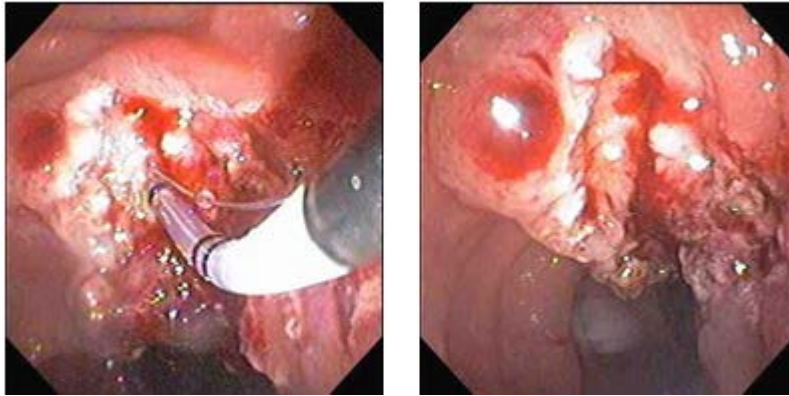
**Figure (2):** Ampullectomy using a piecemeal technique



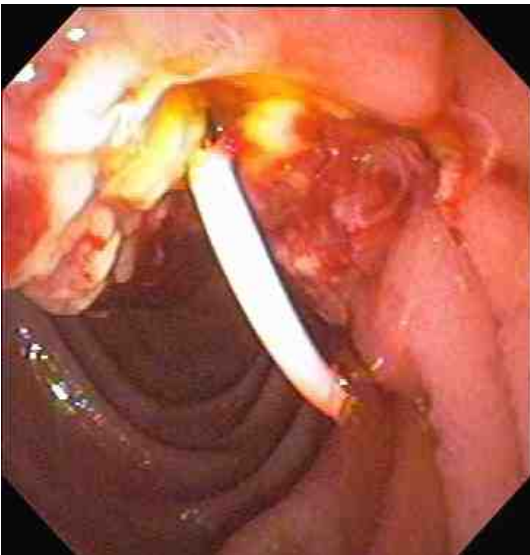
**Figure (3):** Specimens were collected using a basket



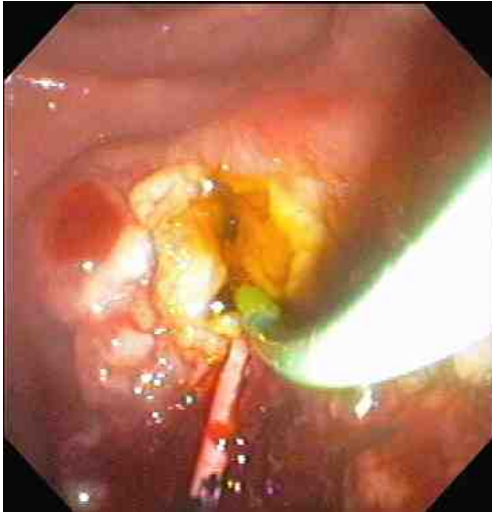
**Figure (4):** Biliary sphincterotomy



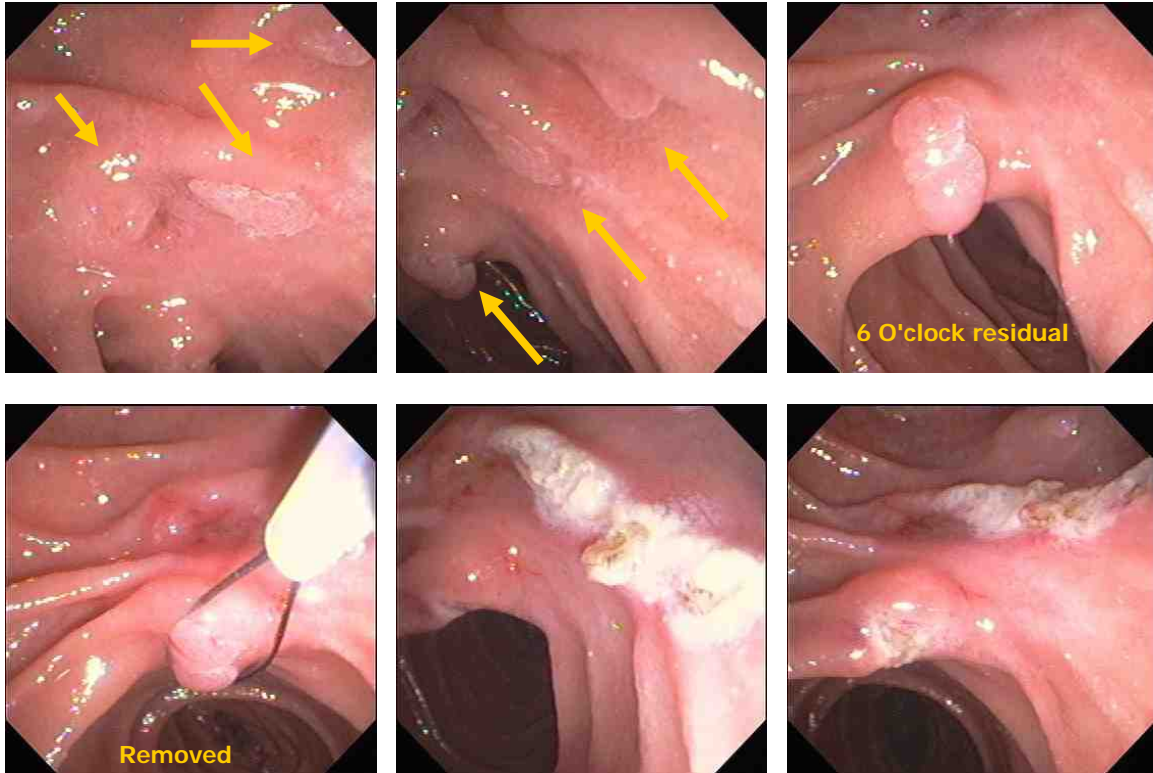
**Figure (5):** Pancreatic placed to prevent pancreatitis



**Figure (6):** Intraductal biopsies



**Figure (7):** Four month: Three small residual adenomas seen and were endoscopically removed



**Figure (8): One year follow-up:** Tiny residual adenoma was seen and ablated with cautery

