Salivary Gland Choristoma: A Rare Finding at Gastroesophageal Junction

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**Introduction**

- Choristoma is tumor-like outgrowth of heterotopic and mature tissue located at anatomically unusual sites.\(^1\)
- Heterotopic salivary gland tissue (HSGT) has been most commonly described in head and neck region but can rarely involve gastrointestinal (GI) tract with a few cases reported in the literature.\(^2-4\)
- Salivary gland choristoma at the gastroesophageal junction (GEJ) is an extremely rare entity, with only one case reported in the English literature.\(^4\)

**Case Presentation**

- An 87-year-old female with past medical history of gastroesophageal reflux disease (GERD), hypertension, and chronic kidney disease was admitted for an acute deep vein thrombosis.
- Due to worsening anemia, she underwent an upper endoscopy that showed a small nodularity at the GE junction (figure 1a), a large hiatal hernia, and reflux esophagitis in the lower one-third of the esophagus (figure 1b).
- Biopsy of the nodule demonstrated an esophagogastric junction-type mucosa with mild to moderate chronic inflammation, mild acute inflammation and focal glandular tissue consistent with heterotopic salivary gland tissue (figure 2a-c). No intestinal metaplasia or dysplasia were noted.

**Discussion**

- It is well-known that intestinal columnar metaplasia at the GEJ can occur secondary to chronic acid exposure and inflammation in the setting of GERD. The origin of these intestinal glandular cells remains unknown.\(^5,6\)
- Furthermore, pancreatic acinar metaplasia at the GEJ is a relatively common finding, but the causative relationship with GERD is obscure.\(^7\)
- Salivary gland choristoma of the GEJ could be a metaplastic change in the setting chronic inflammation as a result of reflux esophagitis. However, the biological and clinical significance of this finding is yet to be investigated.

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**References**