measuring less than 5 mm were removed by cold snare polypectomy. Microscopically, one of the polyps showed a hyperplastic change, and the other one showed a mucosal adenocarcinoma with intact muscularis mucosae, which stained positive for prostate-specific antigen and prostate-specific acid phosphatase. Although the previous prostatectomy slides are unavailable for comparison, the morphology and immunoprofile are consistent with metastatic prostate adenocarcinoma. The findings of a polyloid lesion during total colonoscopy and intact muscularis mucosae along with the immunoprofile of the tumor cells support the diagnosis of mucosal metastasis of prostate adenocarcinoma presenting as a colon polyp. Subsequent abdominal computed tomography scan showed a mass measuring 5.1 × 4.4 × 4.0 cm interposed between the sigmoid colon and the dome of the urinary bladder suggestive of recurrent prostate adenocarcinoma in view of the presence of colonic mucosal metastasis of prostate adenocarcinoma.

A Case of Small Bowel Intussusception in an Adult Caused by Heterotopic Gastric Mucosa in the Jejunum: A Case Report and Review of the Literature

Julum Nwanze, MD, Victoria Collins, Byron Crawford, MD, and Yukihiro Nakanishi, MD, PhD; Tulane University School of Medicine

The majority of intussusceptions occur in infancy with idiopathic etiology. A lead point such as tumor, polyp, or Meckel diverticulum is identified only in a small portion of intussusceptions, with Meckel diverticulum being the most common. We report an extremely rare case of small bowel intussusception in a 24-year-old woman caused by heterotopic gastric mucosa in the jejunum. The patient presented to the emergency department with periumbilical abdominal pain, nausea, and vomiting of 12 hours’ duration. Computed tomography of the abdomen and pelvis showed a long-segment small bowel intussusception in the left upper quadrant, likely involving jejunal loops with severe dilatation. Subsequent emergency surgery revealed a long limb of proximal jejunum intussuscepted into the mid-jejunum without gangrene or perforation. The resected jejunum was opened to reveal a protruding mass measuring 3.4 × 2.7 × 2.4 cm. Microscopic examination of the mass showed heterotopic gastric mucosa and heterotopic submucosal mucous glands composed of oxyntic-type gastric mucosa focally admixed with pancreatic acinar cells. The overlying foveolar epithelium exhibited a hyperplastic change. No dysplasia, malignancy, or Meckel diverticulum was present. The background small intestinal mucosa showed extensive mucosal ischemic change secondary to intussusception. Despite being one of the most common abdominal emergencies in early childhood, intussusception is extremely rare among adults. Approximately 90% of adult intussusceptions have an organic cause, malignant neoplasm being the most common. Jejunal heterotopic gastric mucosa is a very rare cause of intussusception among adults.

Cartilaginous Differentiation/Chondroid Metaplasia in the Peritoneum Not Associated With Prior Surgery: A Case Report and Review of the Literature

Julum Nwanze, MD, Darshan Trivedi, MD, PhD, Byron Crawford, MD, and Yukihiro Nakanishi, MD, PhD; Tulane University School of Medicine

Cartilaginous differentiation/chondroid metaplasia in the peritoneum is extremely rare. The majority of patients with cartilaginous differentiation/chondroid metaplasia had a clinical history of prior abdominal surgery. We report an extremely rare case of cartilaginous differentiation/chondroid metaplasia in the peritoneum in a 72-year-old man with a medical history of hepatitis C viral infection, hypertension, and bilateral choreiform movements but no abdominal surgical history. The patient presented to the emergency department with painless jaundice, diarrhea, weight loss, nausea, and decreased appetite. Computer tomography of the abdomen revealed moderate to severe intrahepatic and extrahepatic biliary duct dilatation with a moderately distended gallbladder. Endoscopic ultrasound examination showed a 2.1-cm pancreatic head mass obliterating the bile and pancreatic ducts. A fine-needle aspiration cytology was positive for adenocarcinoma. At surgery, the patient was found to have a nonresectable pancreatic head tumor with possible invasion into the superior mesenteric vein (SMV) and previously undiagnosed hepatic cirrhosis. A single firm, pale tan-white nodule measuring 3 mm in the greatest dimension was incidentally found on the peritoneal surface at the porta hepatitis. Microscopic examination of the peritoneal nodule showed a well-circumscribed mature hyaline cartilage with no cytological atypia. Only hepaticojunostomy and cholecystectomy were performed because of the presence of possible invasion into the SMV and liver cirrhosis. The possible histogenesis of cartilaginous differentiation/chondroid metaplasia in the peritoneum includes a possible differentiation of submesothelial multipotent stem cell into a cartilaginous tissue in reaction to prior abdominal trauma or surgery. The present case is intriguing in that the patient has no history of abdominal trauma or surgery.

Overexpression of Methylene tetrahydrofolate Dehydrogenase 1 (MTHFD1) in Colorectal Cancer: A Potential Therapeutic Target

Kai Wang, Virginia Duncan, MD, Sumit Agarwal, PhD, Sooryanarayana Varambally, and Deniz Peker, MD;