

Appendiceal mucocele presenting with lower abdominal pain



Fig. 1 Abdominal computed tomography scan demonstrated a 3-cm round tumor in the cecal region, adjacent to the ileocecal valve (arrow).

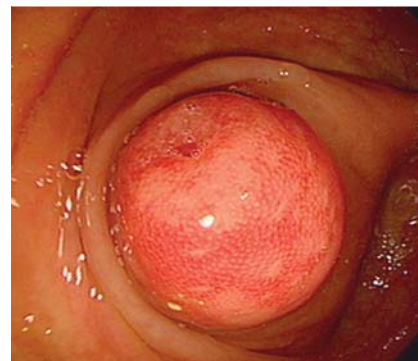


Fig. 2 Colonoscopy showing an erythematous, soft mass at the site of the appendix with a central crater.

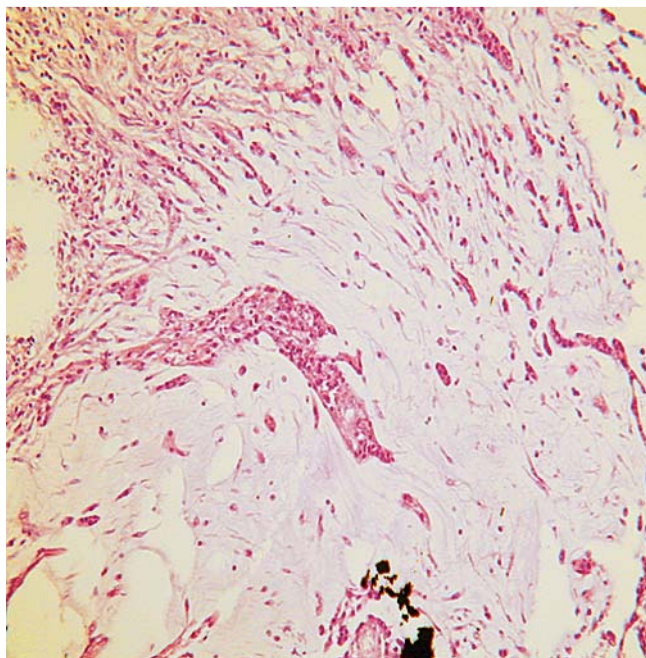


Fig. 3 Histopathological section of the resected tumor showing multiple foci of mucin deposits without epithelial cells (hematoxylin and eosin; magnification × 40).

A 57-year-old man was referred to our hospital with a 3-day history of right lower abdominal pain. He denied having fever, bloody stool, or weight loss. An abdominal ultrasound carried out elsewhere demonstrated a mass lesion in the right lower abdomen. On examination the right lower abdomen was tender without muscle guarding or rebound tenderness. The results of laboratory tests showed unremarkable abnormalities. An abdominal

computed tomography (CT) scan demonstrated a 3-cm tumor in the region of the cecum, adjacent to the ileocecal valve (● Fig. 1). A subsequent colonoscopy demonstrated an erythematous, soft mass with a central crater, located in the site of the appendix (● Fig. 2). The patient was referred to the department of surgery for a laparotomy. At laparotomy, a tumor, 3 × 3 × 5 cm in size, was identified in the appendiceal area, adherent to the cecum

and the terminal ileum. Histopathological examination of the resected tumor revealed multiple foci of mucin deposits without epithelial cells (● Fig. 3). On the basis of the pathological findings, a diagnosis of appendiceal mucocele was made. The term appendiceal mucocele denotes an obstruction of the appendiceal lumen with accumulation of mucus distal to the obstruction [1]. It is an infrequent condition, with a prevalence of 0.2%–0.3% in appendectomy specimens [2]. Based on the histopathology, appendiceal mucoceles are divided into three types: mucosal hyperplasia, mucinous cystadenoma, and malignant mucinous cystadenocarcinoma [1]. Preoperative diagnosis of this disease is difficult, and most of these tumors are noted as incidental findings at surgery. They are usually asymptomatic; symptoms and signs, if present, include abdominal pain, hemorrhage, obstruction, and palpable mass. Abdominal ultrasound and CT are effective diagnostic modalities for appendiceal mucocele [3]. Endoscopically, the tumor may be detected as a submucosal mass or cystic mass [4]. Appendectomy is the treatment of choice for a simple appendiceal mucocele [5].

Endoscopy_UCTN_Code_CCL_1AD_2AJ

J. W. Chou, C. L. Feng, H. C. Lai

Division of Gastroenterology and Hepatology, Department of Internal Medicine, China Medical University Hospital, Taichung, Taiwan

References

- 1 Higa E, Rosai J, Pizzimbono CA. Mucosal hyperplasia, mucinous cystadenoma and mucinous cystadenocarcinoma of the appendix: a re-evaluation of appendiceal mucocele. *Cancer* 1973; 32: 1525–1541
- 2 Dachman A, Lichtenstein J, Friedman A. Mucocele of the appendix and pseudomyxoma peritonei. *AJR Am J Roentgenol* 1985; 144: 923–929
- 3 Madwed D, Mindelzun R, Jeffrey RB Jr. Mucocele of the appendix: imaging findings. *AJR Am J Roentgenol* 1992; 159: 69–72
- 4 Zanati SA, Martin JA, Baker JP et al. Colonoscopic diagnosis of mucocele of the appendix. *Gastrointest Endosc* 2005; 62: 452–456
- 5 Dhage-Ivatury S, Sugarbaker PH. Update on the surgical approach to mucocele of the appendix. *J Am Coll Surg* 2006; 202: 680–684

Bibliography

DOI 10.1055/s-0029-1214984

Endoscopy 2009; 41: E222–E223

© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author

Dr. H. C. Lai

Division of Gastroenterology and Hepatology
Department of Internal Medicine
China Medical University Hospital
No. 2, Yuh-Der Road
North District
Taichung 40447
Taiwan
Fax: +886-4-22023119
codecol@yahoo.com.tw