A 22-year-old man was admitted because of abdominal pain localized to the right iliac fossa. An abdominal ultrasound scan was performed, which revealed a 3.5 × 8-cm mass with heterogeneous content and calcified walls in close proximity to the ascending colon. A computed tomography (CT) scan of the abdomen showed a 10 × 3.5-cm mass in the region of the appendix with homogeneous density, thin walls, and some small areas of calcification (Fig. 1). A colonoscopy was subsequently performed, which revealed a 5-cm mass protruding from the appendix area with a central orifice and surrounding erythematous mucosa (Fig. 2). A laparotomy and appendectomy were performed, removing an 8 × 3.5-cm mass without damaging the integrity of its surface. An exploration of the cecum showed that it was not affected. Following histopathological analysis of the resected tissue, the patient was diagnosed as having a simple or retention appendiceal mucocele (Fig. 3).

Appendiceal mucoceles smaller than 2 cm are rarely malignant; those larger than 6 cm are usually considered malignant with a high risk of rupture (20%) [5]. In such cases, surgical treatment is always indicated because of the high risk that the mucocele will become malignant.

Competing interests: None

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Appendiceal mucocele in a young patient – does size matter?