

Preoperative Colonoscopic Diagnosis of Minute Appendicular Adenoma: Report of a Case

Primary adenoma of the appendix is a distinctly rare neoplasm, which is not usually diagnosed preoperatively (1). Only two asymptomatic cases have previously been reported in which appendicular tumors were diagnosed preoperatively using colonoscopy (1,2). The present report describes an additional case, which is unique by virtue of the small tumor size and the preoperative diagnosis using colonoscopy.

A 60-year-old woman who had a history of endoscopic mucosal resection of mucosal rectal cancer (July 1995) underwent a follow-up colonoscopy on 24 August 1996. During this examination, a tiny area of redness in the orifice of the appendix was visualized for a moment, and then disappeared immediately. A minute, granular, elevated lesion on the lumen of the appendix was found by pulling up the appendicular mucosa using biopsy forceps (Figure 1). Biopsy specimens of the lesion showed that it was a tubular adenoma with moderate epithelial atypia.

The patient was admitted to Kyushu University Hospital for a laparoscopic appendectomy on 17 September 1996. On admission, she had no symptoms, and her physical examination was unremarkable. The complete blood cell count and serum chemistry were normal. A stool sample was negative for occult blood. A barium enema did not detect the lesion in the appendix. Transabdominal ultrasonography and computed tomography revealed no abnormality in the right lower abdominal quadrant. The patient underwent a laparoscopic appendectomy with complete resection of the tumor. Gross examination showed an elevated lesion of 3 × 3 mm located in the proximal portion of the appendix. The histological diagnosis was a benign appendicular tubular adenoma, and there was no evidence of malignancy.

Colonoscopy is useful for preoperative diagnosis if the size of the adenoma is large enough, or there is obvious cecal involvement by a polypoid lesion (2–4). Green et al. (1) reported a unique case of appendicular adenoma, similar to the present case, in which the whole tumor was inside the appendix, and only became apparent after prolonged visualization and



Figure 1: A minute, granular, elevated lesion (arrow), identified at the lumen of the appendix after pulling the mucosa with biopsy forceps.

suction in the cecum. The findings in the present case correspond to this description. In addition, pulling up the appendicular mucosa using biopsy forceps was useful to confirm the presence of the lesion in our case. We share the belief that if a slight abnormality is found at the appendiceal orifice during colonoscopy, careful observation under suction should be carried out and the mucosa should be pulled up using biopsy forceps.

S. Itaba¹, K. Akahoshi¹, Y. Araki¹,
K. Nakamura¹, Y. Chijiwa¹, Y. Ohata²,
H. Shimura², H. Nawata¹

¹ Third Dept. of Internal Medicine

² First Dept. of Surgery,
Faculty of Medicine, Kyushu University,
Fukuoka, Japan

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Corresponding Author

Y. Chijiwa, M.D.
Third Dept. of Internal Medicine
Faculty of Medicine
Kyushu University
Fukuoka 812–82
Japan
Fax: +81-92-642-5287