Original Research Paper

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General Surgery

AN ATYPICAL PRESENTATION OF MUCOCELE OF APPENDIX

Dr. Puvvada Sai Raghuram 3rd Year Post Graduate, FIMS, Kadapa.

Dr. MD.M.M. Noor Mohiddin 3rd Year Post Graduate, FIMS, Kadapa.

ABSTRACT

Introduction: Mucocele of the appendix is an obstructive dilatation of the appendix caused by intraluminal accumulation of mucoid material. It represents ***only 0.3%-0.7% of appendiceal pathology*** and 8% of appendiceal tumors. A patient's clinical symptoms include pain in the right lower quadrant of the abdomen, palpable abdominal mass, nausea, vomiting, weight loss, gastrointestinal bleeding, and signs of intussusceptions of the intestines.

If treated improperly, the mucocele may progress, epithelial cells may escape into the peritoneal cavity, and ***Pseudomyxoma Peritonei may develop***, which has a high mortality. This condition can have benign as well as malignant processes. According to modern classification, there are 4 histologic types: Retention cyst, mucosal hyperplasia, Mucinous cystadenoma, and Mucinous Cystadenocarcinoma.

KEYWORDS :

CASE REPORT

A 44 year female presented with vague abdominal pain in the right lower quadrant with NO history of vomiting, bowel and bladder complaints or fever spikes.

CLINICAL EXAMINATION

Abdomen was soft, non distended except for mild tenderness in right iliac fossa but with no rebound tenderness.

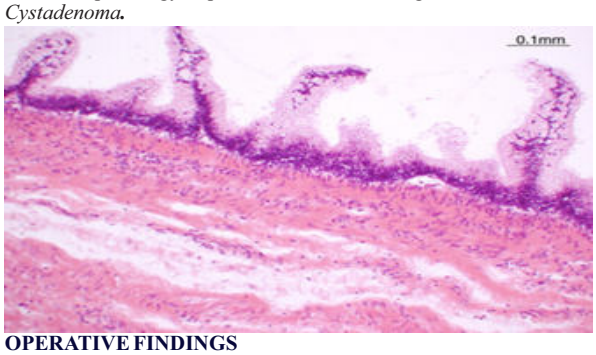
INVESTIGATIONS

WBC counts were 13k and USG abdomen and pelvis showed enlarged appendix with maximum diameter ***of 2.5cm and approximate length of 9cm.***On CECT abdomen there showed a 7.6cm x 4.3cm blind ending tubular lesion adherent to medial aspect of caecum-suggestive of ***Mucocele of Appendix***.

OPERATIVE PROCEDURE

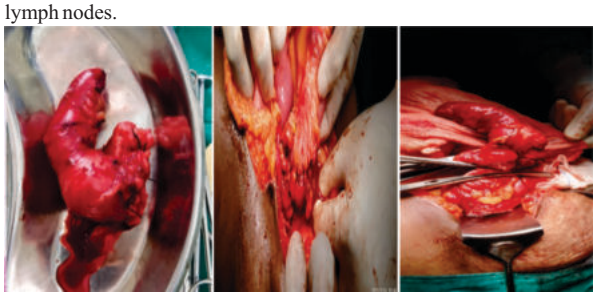
Open Appendicectomy with limited resection of small terminal part of ileum and caecum with minimal part of ascending colon followed by ileoascending anastamosis was done and was uneventful.

The Histopathology report confirmed the diagnosis as *Mucinous Cystadenoma.*



OPERATIVE FINDINGS

1. The Appendix was smooth, uniformly enlarged, approximately >2.5cm in diameter.
2. The base of the appendix was also involved with no significant lymph nodes.



DISCUSSION

Appendiceal mucocele is a rare disease and has a clinical picture that resembles acute appendicitis. A correct diagnosis before surgery is very important for the selection of surgical technique to avoid severe intraoperative and postoperative complications. In our opinion, every patient who arrives at the emergency department with symptoms of acute appendicitis must undergo CT and open surgery should be favored against laparoscopic surgery to prevent peritoneal contamination. Since the risk of developing an adenocarcinoma of the colon is 6 times greater in patients with a mucocele than in the general population, colonic surveillance is warranted.

CONCLUSION

The appendix is lined by epithelium containing more goblet cells than the colon. As a result, most appendiceal epithelial tumors are mucinous and start as Mucoceles. USG in case of acute appendicitis, the outer diameter threshold of the appendix is 6 mm, and 15 mm and more indicates the presence of a mucocele. In our patient the mucocele was not perforated, the regional lymph nodes were negative but there was pathologic process in the base of the appendix. Therefore, *appendicectomy with limited resection of small terminal part of ileum and caecum with minimal part of ascending colon followed by ileoascending anastamosis* was performed.

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