ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 04 | April - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

RARE CASE REPORT:A CASE OF ACUTE APEENDICITIS TURNING OUT TO BE A CARCINOID TUMOUR

General Surgery

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ABSTRACT

The most frequent neoplasm of the appendix is a carcinoid tumour. These lesions frequently have a clinical appearance that is comparable to acute appendicitis, or the tumours may be asymptomatic. Following an appendectomy, the carcinoids are frequently discovered by chance during the histological analysis of the excised appendix. The majority of the time, appendicectomy alone is sufficient therapy for appendiceal carcinoids, which often behave as benign tumours. Right hemicolectomy is recommended for bigger lesions

KEYWORDS

Carcinoid Tumors, Appendix, Neoplasam

INTRODUCTION:

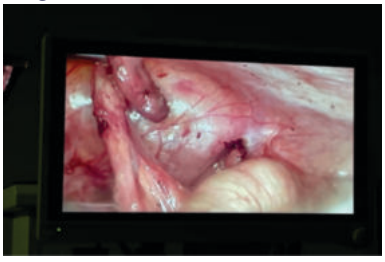
90% of appendiceal neuroendocrine (carcinoid) tumours are less than 1 cm in size and do not exist in the appendiceal base. Appendectomy is routinely effective in treating these cancers. Because to the high likelihood of metastasis, appendiceal neuroendocrine tumours bigger than 2 cm necessitate right-sided hemicolectomy and ileocecal lymphadenectomy. Treatment for tumours between 1 and 2 cm is debatable, however hemicolectomy may be necessary if there is invasion of the mesoappendix, if there is residual tumour at the margins of resection, or if there are lymph node metastases. Appendectomy alone may have a low risk of metastases for lesions of the same size that are contained inside the appendiceal wall.

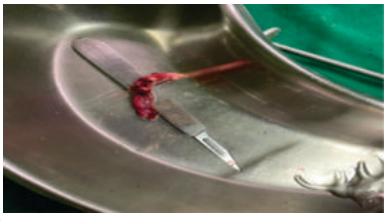
There is limited evidence, and histological parameters for risk evaluation in appendiceal neuroendocrine tumours measuring 1 cm to 2 cm require markers. However, acceptable indications for hemicolectomy may include surgical specimens that demonstrate high proliferative activity (high Ki-67 index), high mitotic index, or signs of angioinvasion.

Case Report

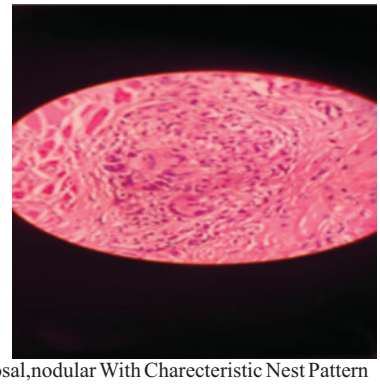
This is a case report of a 27-year-old female patient who had been experiencing right iliac fossa pain, vomiting, and loose stools for the previous three months. On examination, the patient had guarding and rebound tenderness, and an emergency laparoscopic appendicectomy was planned because the appendix appeared thickened. However, on hpe, the appendix's tip was later determined to have a neuroendocrine tumour. The post-operative period went smoothly, and the patient is discharged on pod 3 and was on 6th monthly follow up

Intra Op Findings





Histopathology



Sub Mucosal,nodular With Charecteristic Nest Pattern

Salt And Pepper Nuclei

DISCUSSION

Appendix carcinoid tumours can resemble appendicitis[1][2]. According to prior research employing histological analysis of excised appendectomy tissues, appendiceal carcinoids occur between 0.9% and 0.3% of the time. The majority of the time, appendicectomy alone is sufficient therapy for appendiceal carcinoids, however bigger lesions require right colectomy[3]. Appendiceal carcinoids often behave as benign tumours. Patients with localised appendiceal carcinoids have a very good prognosis[4]. After a year, this patient returned for follow-up care with no signs of recurring lower abdominal discomfort, particularly in the right iliac fossa.

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