



**ORIGINAL RESEARCH PAPER**

**General Surgery**

**LOW GRADE APPENDICEAL NEOPLASM (LAMN), MASQUERADING AS ACUTE RECURRENT APPENDICITIS IN AN ADULT FEMALE ; A RARE CASE REPORT**

**KEY WORDS:** Mucinous appendiceal neoplasm, appendicitis, Low grade, appendicectomy.

**Dr. Sagaya Inba Sekar**

M.S, Institute Of General Surgery, Madras Medical College

**Dr. Joyce Prabhakar**

M.S, Institute Of General Surgery, Madras Medical College

**Dr. N. Aazath Akbar**

**ABSTRACT**

A 38 year old female presented to the casualty with complaints of sudden onset abdominal pain for the past day which was centrally located around the umbilical region ,then migrating to the right iliac fossa. There was as associated Nausea and anorexia. The patient also had three episodes of vomiting. On examination the patient had fever and her abdomen was tender at the Mcburneys' point and blood panel revealed leukocytosis. Ultrasonogram of the right iliac fossa was performed which revealed a dilated appendix of size 1.1 cms with periappendiceal fat stranding suggestive of acute appendicitis. Emergency appendectomy was done and the patient was discharged on day three. Post operative histopathology of the specimen revealed, a Low grade appendiceal neoplasm at the tip of appendix. (LAMN).

**INTRODUCTION;**

LOW GRADE APPENDICEAL NEOPLASM, (LAMN) are a group of epithelial tumors of the appendix which differ from the neuroendocrine and intestinal type (adeno carcinoma) of the appendix in their biological behaviour and response to treatment.

They can be detected preoperatively if they are of a considerable size and manifest as mucocoele of the appendix. In this patient, it was diagnosed incidentally in the resected appendiceal specimen post operatively. Based on the size of the neoplasm and it's level of atypia, management strategies differ.

Pathological staging involves information about the involvement of the base of the appendix, mesoappendix and mucin or epithelial cell extrusion which considerably alters the treatment.

**Case Report;**

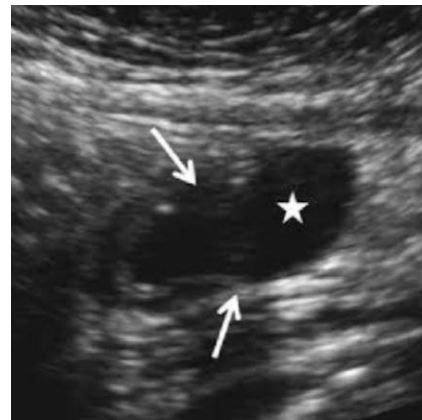
A 38 Year old female with acute abdominal pain involvinythe right iliac fossa, associated with anorexia ,nausea , vomiting and fever, a clinical diagnosis of acute appendicitis was made. USG revealed an acutely enlarged appendix with periappendiceal fat stranding. Emergency appendectomy was done and specimen sent for Histopathological examination that revealed a low grade appendiceal neoplasm of size 1.2 cms.

There was minimal cytological atypia with mucinous obstruction of the lumen of the appendix. There was no transmural mucinous extrusion or epithelial cell extrusion suggesting a low grade appendiceal tumor.

**DISCUSSION;**

Since the size of the LAMN was 1.2 cms and there was no signs of high grade atypia , high risk mucinous tumors like Peritoneal mucinous Carcinomatosis (PMCA) and Disseminated peritoneal Adeno mucinosis was ruled out. Hence, appendectomy was alone sufficient for this patient as there was no involvement of either of the base or the mesoappendix.

LAMN of size more than 2 cms with mesoappendix involvement are treated with right hemicolectomy. Similarly hemicolectomy is indicated for epithelial or mucin extravasation distent from the site of the disease.



**USG;**



**Intra Operative Images;**

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