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Appendiceal mucinous neoplasm mimicking adnexal pathology on transvaginal ultrasound: a diagnostic challenge.

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Introduction.

We present a case of an appendiceal mucinous neoplasm initially suspected to be adnexal pathology and to highlight the role of expert transvaginal ultrasound in the differential diagnosis of pelvic masses.

Ultrasound findings.

An asymptomatic patient referred for expert transvaginal ultrasound due to suspected right tubal pathology. Previous imaging suggested either tubal endometriosis or a tubo-ovarian abscess. During expert ultrasound examination, a 65x21x20mm, elongated lesion of mixed echogenicity was identified in the right adnexal region (Fig. 1). The lesion had no solid components and showed no vascularization. The structure was in close contact with the right ovary and appeared fixed, with reduced mobility. Based on the lesion's morphology, a non-gynecological origin related to the appendix, such as an appendiceal mass (plastron), was suspected. The patient was referred for surgical consultation.

Expanding diagnostics.

Despite further consultations with four oncological surgeons, the surgical intervention was initially postponed due to the absence of clinical symptoms, normal inflammatory markers, and in conclusive results from pelvic CT scan.

Management.

Ultimately, the patient underwent surgery at her own request, one year after the initial diagnosis. Histopathological examination revealed a low-grade appendiceal mucinous neoplasm (LAMN).

Future management.

The patient was subsequently managed with treatment in accordance with oncological recommendations.

Conclusion.

Appendiceal pathology may mimic adnexal disease on pelvic imaging. Careful assessment of lesion morphology and anatomical relationships during expert transvaginal ultrasound can help identify non-gynecological pelvic masses and guide appropriate multidisciplinary management.

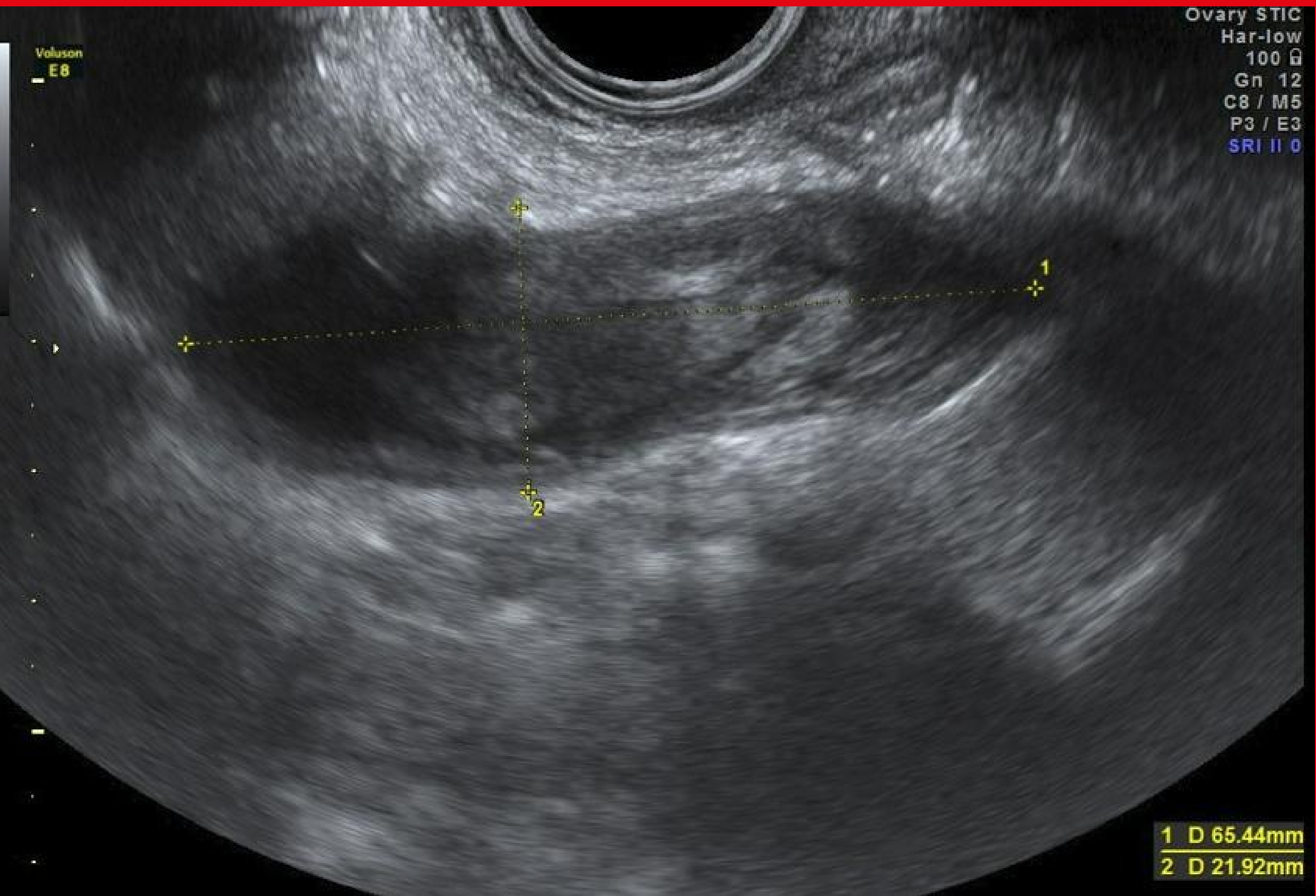


Figure 1. Picture of the lesion in the right adnexal region.