BENIGN MESOTHELIOMA VS ACUTE APPENDICITIS: INCIDENTAL FINDING OF PERITONEAL NEOPLASMS

GRUPO CHRISTUS MUGUERZA / UNIVERSIDAD DE MONTERREY / MONTERREY, NUEVO LEÓN, MEXICO

Authors: Martinez-Vela, A., Cano-Perez, L., Gonzalez-Pinelo, M., Morales-Cardona A., Vascones-Churisino, A.

HOSPITAL CHRISTUS MUGUERZA Residentes Cirugía General y Laparoscopía

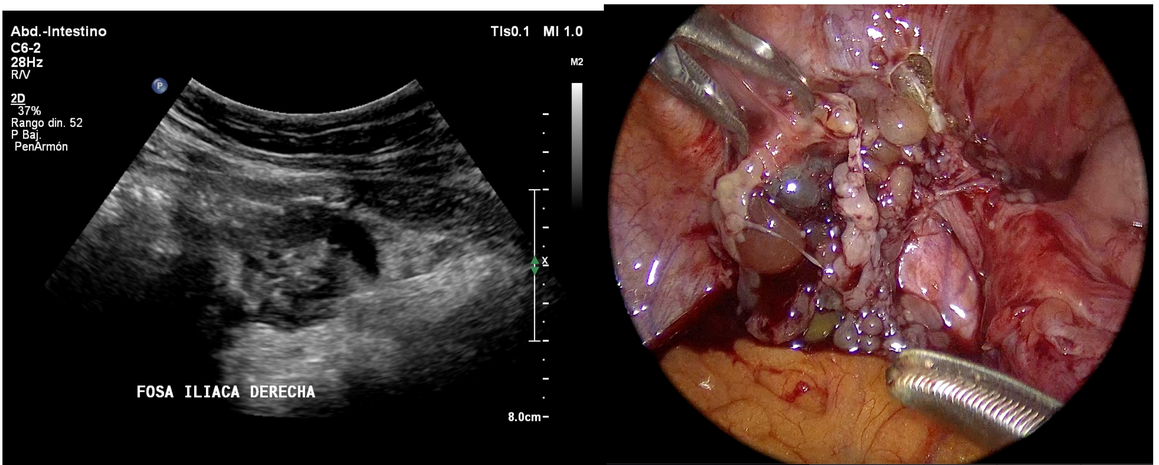
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INTRODUCTION

Benign peritoneal cystic mesothelioma is a rare benign tumor most commonly occurring in women of reproductive age, with an approximate incidence rate of 1 in 1,000,000. Suspicion of mesothelioma typically arises in cases of recurrent ascites and/or presence of peritoneal thickening or masses, nevertheless acute presentations are misdiagnosed, therefore options of management are not yet published by a consensus. This case concerns a patient with clinical symptoms and an imaging study suggestive of appendicitis, which ultimately yielded a more atypical result.

CASE PRESENTATION

We hereby present the case of 48-year-old male patient with no noteworthy medical or surgical history. The patient arrived at the ED presenting diffuse abdominal pain, which subsequently migrated to right iliac fossa. During physical examination, positive findings included tenderness at McBurney's point, Blumberg (+) and the absence of palpable masses, hemodynamically stable and afebrile. Labs were within normal parameters and he was admitted with an external ultrasound which displayed an inflammatory mass, surrounded by dense tissue, measuring 53 x 43 mm, with a tubular structure compatible with acute perforated appendicitis. He was prepared for laparoscopic appendectomy, identifying a cystic conglomerate of tumor-like formations with variable content and morphology, ranging from serous to mucoid, in the paracecal region. These formations caused adhesions between the cecum and the abdominal wall, apparently originating from the cecal appendix, although a conclusive evaluation was not feasible initially. Comprehensive adhesiolysis was performed, reaching the apparent base without successful identification of any structure corresponding to the cecal appendix. Subsequently, extensive exploration was carried out, revealing highly suggestive cystic lesions indicative of carcinomatosis solely in the paracecal region. Components comprising the cystic conglomerate were excised. Moreover, an appendix in a para-ileal disposition was identified, devoid of evident acute inflammation signs. Pathology confirmed a benign peritoneal cystic mesothelioma. Subsequently, this patient was more extensively assessed with tumor markers which were within normal parameters and a contrast-enhanced tomography showed no relevant findings. The patient progressed favorably, was discharged, and no further interventions were performed.



CONCLUSIONS

Within the realm of abdominal pain, a myriad of potential differential diagnoses exist. Consequently, it becomes imperative to maintain an exhaustive medical history, conduct a meticulous physical examination, and utilize pertinent imaging modalities to ascertain the most precise diagnosis, all while remaining cognizant of the potential for alternative differential diagnoses. Although mesothelioma are uncommon, it's essential to know the protocol for management and follow-up such as imaging and tumor markers.

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