A CASE OF AN APPENDICEAL DIVERTICULUM MIMICKING AS AN APPENDICEAL MUCOCELE

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INTRODUCTION

- Appendiceal neoplasms are rare and include a variety of tumors with varying malignant potential.
- Differential diagnoses include neuroendocrine tumors, adenocarcinomas, signet ring cell adenocarcinomas, mucinous neoplasms, and benign polyps.
- In this case, we report a patient presenting with a possible appendiceal neoplasm which was found to be an appendiceal diverticulum upon resection.

CASE PRESENTATION

- 67-year-old African American female with history of RNY gastric bypass presenting with epigastric pain and PO intolerance. On CT, found to have gastric outlet obstruction and taken for robotic revision of gastric bypass. She was also noted to have a dilated appendix with irregular contour extending to cecal base.
- Colonoscopy revealed a protruding mass at the appendiceal orifice.
- Tumor markers (CEA, CA 19-9, CA 125) negative.

FIGURE 1: CT image of irregularity enlarged and contoured appendiceal appendage with marked dilation extending into the cecal base concerning for mucocele/neoplasm

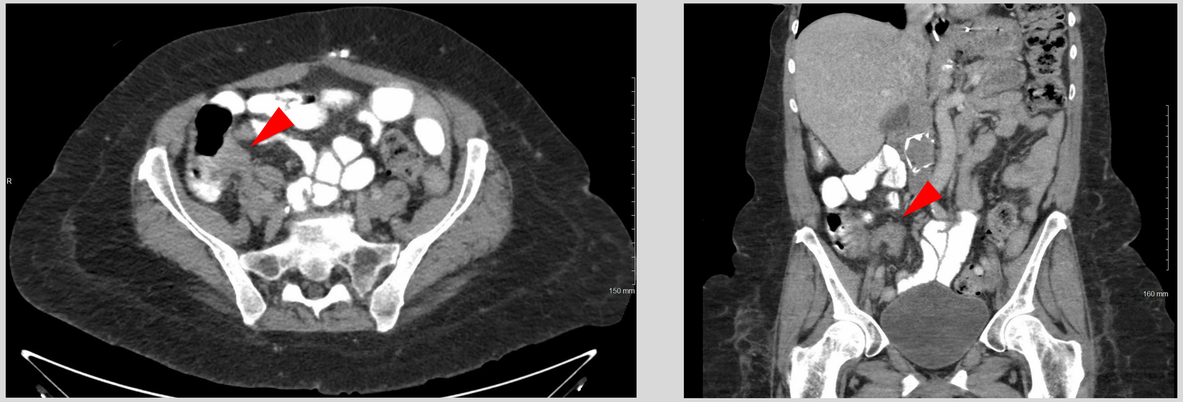


FIGURE 2: Colonoscopy image of 20mm appendiceal orifice mass



MANAGEMENT

- Options of appendectomy with potential return for right colectomy versus upfront right colectomy discussed with patient.
- Robotic right hemicolectomy performed with uncomplicated postop course.
- Resection Pathology:

  6.7 x 1.1cm appendiceal diverticulum

  25 nodes negative for malignancy

APPENDICEAL DIVERTICULUM

- Rare and classified as a congenital or acquired diverticulum. While benign, acquired appendiceal diverticula are associated with malignant appendiceal neoplasms.

CONCLUSION

- Appendiceal masses require a wide differential diagnosis as tissue biopsy is often not feasible.
- If malignant lesions are high on the differential, oncologic resections should be considered.