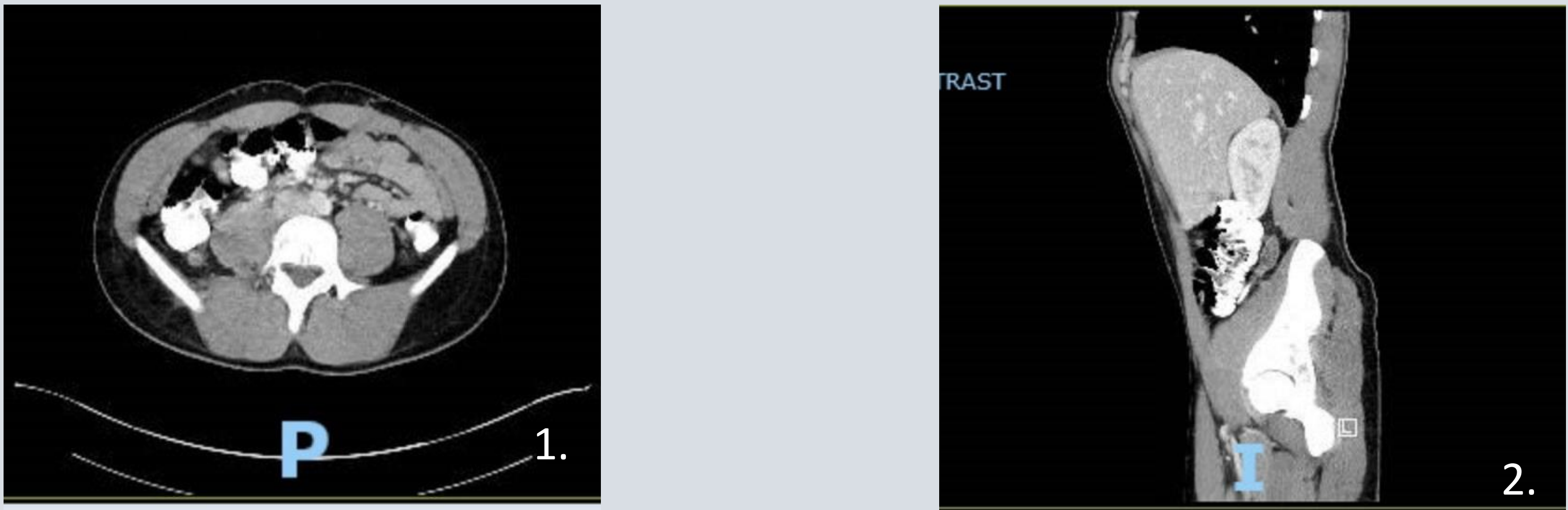


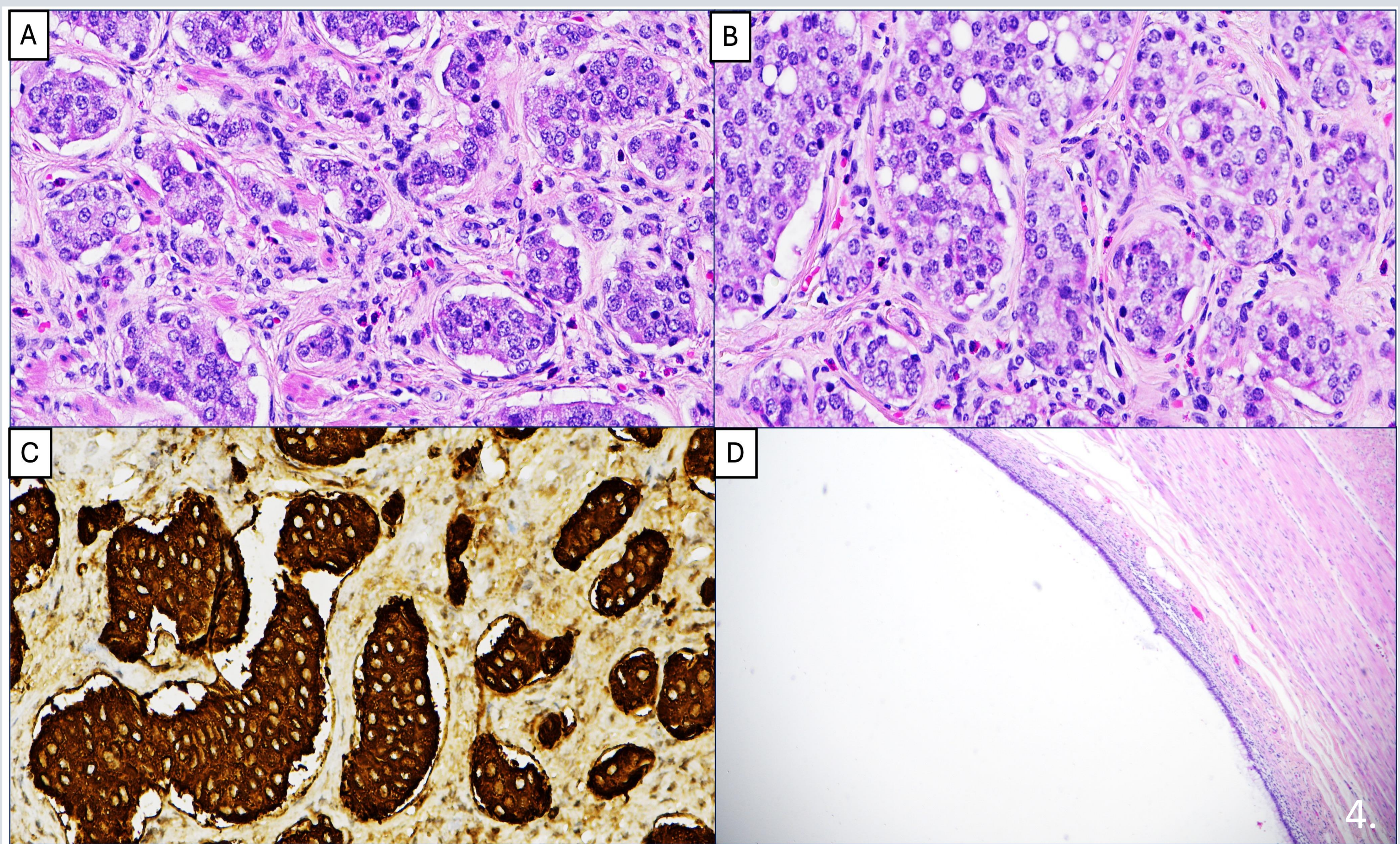
BACKGROUND

- Appendicitis management depends on patient co-morbidities, clinical presentation, anatomy, and presence or absence of perforation/abscess
- Imaging findings of neoplasms are unreliable and overlap with appendicitis
- Mucinous neoplasms and appendiceal neuroendocrine tumors carry malignant potential and risk of metastasis

RESULTS



1. Coronal Slice of CT Abdomen/Pelvis
2. Saggital Slice of CT Abdomen/Pelvis
3. Axial Slice of CT Abdomen/Pelvis
4. A: Well-differentiated neuroendocrine tumor. Nested tumor cells with ample pink eosinophilic cytoplasm. B: Focal clear cell change in the tumor. C: Immunostain for chromogranin is positive in the tumor cells. D: Low-grade appendiceal mucinous neoplasm.



DISCUSSION

- Difficult to identify specific/reliable risk factors or patient characteristics for appendiceal neoplasm
- Not limited to elderly or complicated cases
- Treatments range from resection to cytoreductive surgery with intraperitoneal chemotherapy

CONCLUSIONS

- The possibility of an occult malignancy must not be overlooked
- Treatment course and prognosis may be influenced by time of diagnosis

CASE PRESENTATION

- A male in his twenties with a history of anxiety and depression presented with subacute abdominal pain + nausea
- Imaging: thick-walled, dilated appendix (2 cm) + fat stranding
- Uncomplicated appendectomy performed → stapler utilized with visualized, clean cut base
- Neuroendocrine tumor - 1.5 cm, G1
- Mucinous neoplasm - 3 cm, pTis
- Patient eventually underwent right hemicolectomy → no residual neoplasm found
- Surveillance PET CT imaging without any evidence of recurrent or metastatic disease

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