

CASE REPORT

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Mucinous cystadenoma of the appendix causing chronic intermittent right iliac fossa pain: case report

Serkan Unlu, Reyhan Karagul, Metin Dogan

¹Malatya State Hospital Radiology Department, Malatya, Turkey

²Inonu University, Faculty of Medicine, Department of Radiological, Malatya, Turkey

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Abstract

Mucinous cystadenoma of appendix (MCA) is a rare clinical entity with chronic intermittent right iliac fossa pain in the literature (1). MCA is a rare cystic neoplasm of the appendix characterized by villous adenomatous changes of the appendiceal epithelium associated with distension of the appendiceal lumen with mucin. MCA presentation is right iliac fossa pain, similar to an acute appendicitis; but, about 25% of patients are asymptomatic and diagnosed incidentally on imaging or at the time of surgery (2).

Keywords: Mucinous Cyst adenoma, appendix, CT

Introduction

Mucinous cyst adenoma of appendix (MCA) is a rare clinical entity with chronic intermittent right iliac fossa pain in the literature [1]. MCA is a rare cystic neoplasm of the appendix characterized by villous adenomatous changes of the appendiceal epithelium associated with distension of the appendiceal lumen with mucin. MCA presentation is right iliac fossa pain, similar to an acute appendicitis; but, same of patients are asymptomatic and diagnosed incidentally on imaging or at the time of surgery [2].

MCA are larger than 2 cm. Appendix contains mucus-secreting columnar cells. Columnar cell layer changes result in the following four pathologies s: (i) retention cysts, (ii) villous hyperplasia, (iii) cyst adenoma and (iv) cyst adenocarcinoma. All of these changes lead to excessive mucinous production [3].

Case Report

A 47-year-old woman complaining with chronic intermittent right iliac fossa pain was admitted to our hospital. The case was examined by contrast-enhanced computed tomography (CT).

On CT images, tubular fluid-filled mass in the right lower abdomen. The mass was seen to extend from the cecum and cecum was normal in appearance. There were no wall thickening, mesenteric or retroperitoneal lymphadenopathy, or ascites found.

*Corresponding Author: Serkan Unlu, Malatya State Hospital Radiology Department, Malatya, Turkey
E-mail: serkanunlu19@yahoo.com
GSM: +905066285899

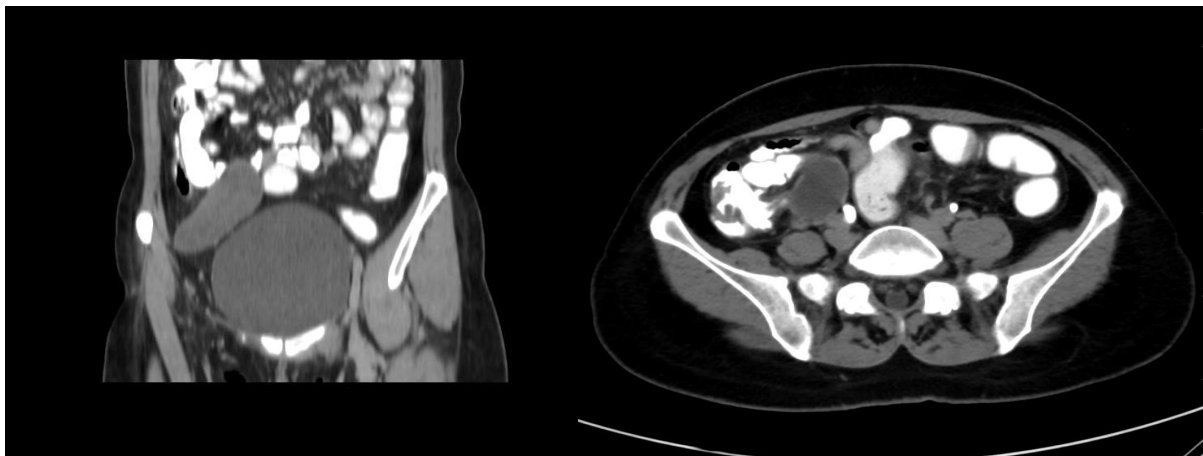


Figure 1(a, b). In the images a and b, origin from the cecum limited straight tubular, with content in water density, thin-walled, without contrast enhancement cystic lesion is observed.

Discussion

MCA is a rare cystic neoplasm of the appendix characterized by villous adenomatous changes of the appendiceal epithelium associated with distension of the appendiceal lumen with mucin. MCA presentation is right iliac fossa pain, similar to an acute appendicitis; but, same of patients are asymptomatic and diagnosed incidentally on imaging or at the time of surgery [2]. Acute or chronic right lower abdominal pain depends on cystic distension induced mucus plug. A palpable mass is found in most of patients [4].

Appendix adenomas are divided into two groups: mucinous adenomas and non-mucinous. Most adenomas produce mucin. Thus, adenomas are round shape, demarcated with homogeneous content with similar characteristics with water density pericecal masses. The mass walls are thin, and generally about 3–6 cm in diameter. The most fearful complication is pseudomyxoma peritonei (PMP) secondary to spontaneous or iatrogenic rupture of the appendix and separate mucin into the peritoneal cavity [5]. PMP is characterized by diffuse peritoneal involvement with mucinous ascites and multifocal mucinous epithelial implant in the peritoneal cavity. Clinical symptoms of PMP are non-specific such as diffuse abdominal pain and gastrointestinal symptoms. PMP treatment is same in all types, radical tumor reduction surgery characterized by total removal of mucus and tumor implants with

omentectomy, localized peritoneal resection right hemicolectomy. On CT the diagnosis of PMP is there three findings: mucinous ascites, nodular peritoneal implants and primary tumor [6]. Appendectomy is recommended for eliminate any malignant potential and risk of PMP [1,6].

Presurgical radiologic diagnosis is important and helps detect surgical approach and useful for the prevention of risk PMP.

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