Appendiceal Polypectomy at Colonoscopy

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An 83-year-old man underwent a staging computed tomography scan for penile squamous carcinoma. The scan revealed an incidental filling defect in the ascending colon. Subsequent colonoscopy demonstrated three polyps in the ascending colon and caecum. One of these was a 1-cm pedunculated polyp at the mouth of the appendiceal orifice. Around 3–4 ml of a 20-ml solution of 1% methylene blue dye and 1:200,000 adrenaline was injected around the polyp prior to excision by snare diathermy. This helps to differentiate the lesion from a mucosal li-

poma and reduces bleeding from the biopsy site. Haemostatic clips were then applied to reduce the risk of perforation.

Histopathology confirmed the polyp to be a tubular adenoma which was completely excised. Adenomatous polyps of the appendix are rare [1] with an incidence of 0.004–0.08% [2]. They pose hurdles in management due to difficulties in biopsying and excising these lesions endoscopically as there is a risk of bleeding, perforation or incomplete excision [3, 4]. This has been overcome by

Fig. 1. Polyp identified at appendiceal orifice at colonoscopy.

Fig. 2. Pedunculated polyp excised by snare diathermy.

Fig. 3. Injection of methylene blue dye differentiates a polyp from lipoma and insertion of clips to the polyp base reduces the risk of perforation.

some groups by performing conventional appendicectomy [3].

We report the successful excision biopsy of a pedunculated appendiceal polyp at colonoscopy. With increasing endoscopy since the introduction of the national screening programme for colorectal cancer, appendiceal polyps are likely to be seen more frequently and may be amenable to colonoscopic excision.

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