An Incidental Subepithelial Cecal Lesion

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Keywords

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Uma lesão subepitelial cecal incidental

Palavras Chave

Qualidade em endoscopia · Mucocele · Neoplasia do apêndice · Lesão subepitelial

Subepithelial colonic lesions are common findings at colonoscopy, mostly occurring in the rectum or cecum [1]. A presumptive diagnosis can frequently be made by the endoscopic appearance and the use of a biopsy forceps.

A 55-year-old asymptomatic female patient, with no relevant previous medical or family history, underwent a colorectal cancer screening colonoscopy which identified a 15-mm smooth spherical bulge in the appendicular area of the cecum (Fig. 1). Tunnel biopsies were taken with translucent fluid drainage (Fig. 2). Subsequent histologic examination revealed the presence of colonic mucosa with no dysplasia and extracellular mucus. Physical examination was unremarkable, and no significant blood test abnormalities were found. Abdominal computed tomography scan was then performed showing appendicular wall thickening with isodense content and no lymphadenopathies or peritoneal implants. A laparoscopic right hemicolectomy was performed. A 24-cm surgical specimen including 9 cm of the terminal ileum and the ileocecal appendix was

Fig. 1. Spherical bulge in the appendicular area of the cecum (arrows).

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Fig. 2. Translucent fluid drainage after tunnel biopsies.

Fig. 3. Surgical specimen with a low-grade mucinous neoplasia involving the base and the middle third of the appendix (arrow).

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obtained (Fig. 3). Histological examination of the surgical specimen revealed the presence of low-grade mucinous neoplasia involving the base and the middle third of the appendix.

Mucinous neoplasms of the appendix are rare and represent a complex group of epithelial neoplasms often causing cystic dilation of the appendix due to accumulation of gelatinous material, morphologically referred to as mucocèles. Generally, they are incidentally diagnosed in asymptomatic patients [2]. The 2010 World Health Organization classification distinguishes between 3 main categories of this neoplasm: mucinous adenoma, low-grade appendiceal mucinous neoplasm, and appendiceal adenocarcinoma. For low-grade appendiceal mucinous neoplasm, which was present in this patient, certain features, such as the presence or absence of extra-appendiceal mucin, the location of mucin (confined to or spread beyond the right lower quadrant), or the presence of neoplastic cells outside the appendix, have prognostic significance [3]. In patients with favorable features, negative margin status, or normal serum levels of tumor markers, expectant management may be sufficient, although the follow-up approach is still open for consideration [4].

Statement of Ethics

This study did not require informed consent nor review/approval by the appropriate ethics committee.

Disclosure Statement

There are no conflicts of interest to declare.

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