Clinical Images

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# Mucocele of the Appendix

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A 48-year-old woman, with no discomfort, was admitted to our hospital due to the detection of a mass in the right lower quadrant of the abdomen. Physical examination revealed no abnormalities. An abdominopelvic CT scan demonstrated a 4-cm diameter, low-density, well-encapsulated mass with the presence of wall calcification extending below the inferior wall of the cecum (fig. 1a, b). Colonoscopy found an extrinsic impression on the cecum. Laparotomy was performed and a giant appendiceal mucocele was found with partial intussusception into the cecum (fig. 2). Appendectomy plus partial cecal resection was performed. The final pathologic diagnosis was mucocele caused by chronic appendicitis.

Mucocele of the appendix is a rare clinical entity, characterized by distension of the lumen due to accumulation of mucus. The reported prevalence is between 0.2% and 0.3% of all appendectomies [1]. Accurate diag-

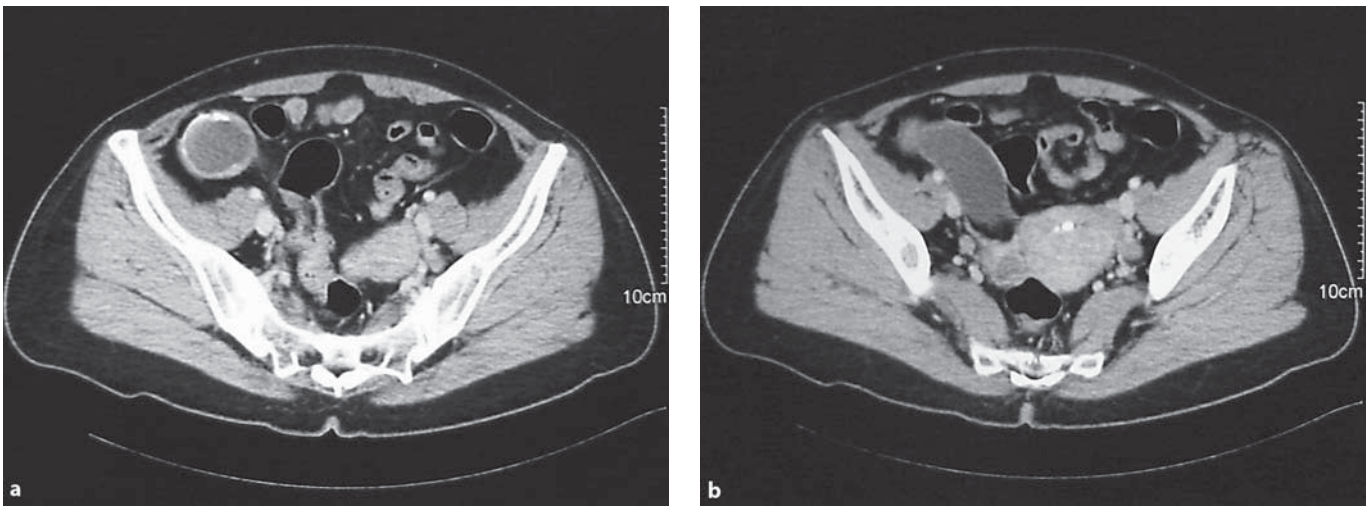


**Fig. 1.** Computed tomography (CT) scan shows a 4-cm diameter, hypodense, well-encapsulated, cystic mass with the presence of wall calcification communicating with the cecum.

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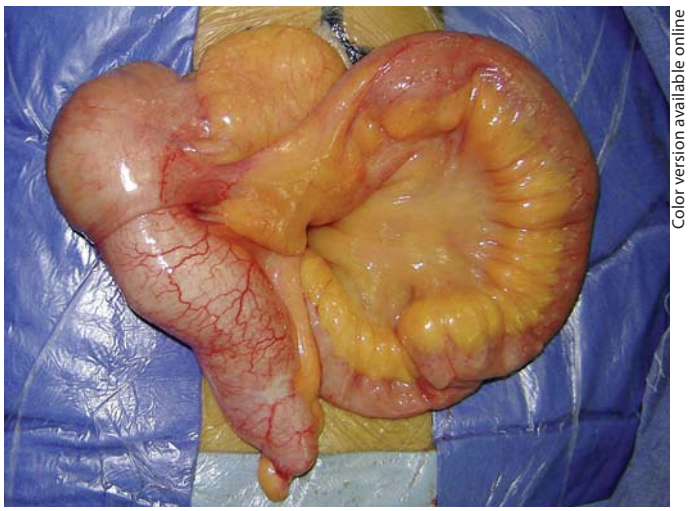

Color version available online

**Fig. 2.** Intraoperative finding of a giant appendiceal mucocele with partial intussusception into the cecum.

nosis is important in order to prevent rupture at surgery with development of pseudomyxoma peritonei [2]. Preoperative diagnosis is difficult, up to 60% of the cases may only be diagnosed during operations for some other diseases. Ultrasonography and CT scan were reported to be valuable in the diagnosis and evaluation of the extent of the disease. Treatment is surgical, but laparoscopic approach is not advised because of the risk of rupture [1, 3].

## References


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