Submucosal tumor at the bottom of the cecum

L. I. Fernández Salazar, J. Herreros Rodríguez, C. Abril Vega, M. Rodríguez Velasco, B. Velayos Jiménez, R. Aller de la Fuente and J. M. González Hernández

Gastroenterology, ‘General Surgery and ‘Radiology Departments. University Hospital of Valladolid, Spain

A 52-year-old male with a history of parotid tumor resection presented with rectal tenesmus and a change in intestinal habit. A colonoscopy was performed. Figures 1 and 2 illustrate the cecum. A microscopic exam of the mucosa demonstrated nonspecific both acute and chronic cellular infiltrates. An abdominal magnetic resonance showed figures 3 and 4. At laparotomy a 2-cm tumor at the base of the appendix was confirmed. The cecum was partially resected. The macroscopic description of the lesion was: 1.3-cm distension of the proximal appendiceal lumen with dark, mucoid, dense content and a pseudopapiloid mass. The final diagnosis was mucinous cystadenoma of the appendix.

Mucinous cystadenoma, retention cyst, mucosal hyperplasia, and mucinous cystadenocarcinoma of the appendix are four different types of mucocele of the appendix (MCA). MCA denotes an obstructive dilatation of the appendiceal lumen due to abnormal accumulation of mucus. MCA represents less than 1% of appendectomies and 8% of appendiceal tumors in a “Ramón y Cajal Hospital” series (1). In other hospitals 7 cases were colonoscopically diagnosed over 14 years (2). MCA may be an incidental finding or simulate acute appendicitis or a right iliac fossa mass (1-3). A juxta-appendicular capsulated mass with a stratified wall can be detected with ultrasounds or CT, and it may be calcified. At endoscopy the so-called “volcano sign” (the appendiceal orifice would be the crater at the center of the mound) is described. In 1989 the diagnosis was preoperative in 15% of cases (3). Nowadays it is 29% (1). MCA may be associated with colorectal, breast, ovarian, or kidney tumors (1,2). Peritoneal pseudomyxoma is caused by cystadenocarcinoma progression but can also be a consequence of appendectomy. In case of adenocarcinoma a right hemicolectomy is mandatory. The pathology study must be careful, and patient follow-up is recommended for potential pseudomyxoma and cecum adenocarcinoma after appendectomy for a benign cystadenoma (1-4).

Figs. 1 y 2. A submucosal-shaped mass of about 2 centimeters in size is localized at the appendiceal orifice.
Fig. 3. A capsulated ovoid lesion of 3 x 2.5 x 2 centimeters beneath the ileocecal valve, which contains liquid with a signal suggesting protein contents. There are no peritumoral fat tissue irregularities. T1-weighted axial images (out of phase).

REFERENCES