Inflammatory fibroid polyp of the appendix or Vanek’s tumor

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CASE REPORT

A 45 year old male with non-contributory past medical history presented to the emergency department with a chief complaint of acute right lower quadrant pain. On physical examination he was afebrile, with pain and tenderness in the right iliac fossa without signs of peritoneal irritation. Blood tests showed leukocytosis and neutrophilia. Abdominal ultrasound reported a blind-ending, aperistaltic, 12 mm tubular structure emanating from the cecum, consistent with a thick-walled appendix communicating at the tip with a 5x3 cm collection (Fig. 1). After preoperative diagnosis of appendiceal abscess secondary to acute appendicitis, the patient underwent laparoscopic surgery. A 5-cm diameter mass was found in the middle third of the appendix without any inflammatory signs, intraabdominal free fluid or damage at the base (Fig. 2), and a standard appendectomy was therefore performed. Histological examination revealed a proliferation of fibroblasts and capillary buds in edematous stroma with numerous eosinophilic polynuclear cells without atypia, consistent with appendiceal inflammatory fibroid polyp (Fig. 3).

Fig. 1. Abdominal ultrasound: Appendiceal thickened wall communicating with collection.

Fig. 2. Appendix laparoscopic image.

Fig. 3. Specimen macroscopic view: Tumor of well-defined limits with a necrotic center. The appendiceal wall appears atrophic with lumen obliteration (arrow).
DISCUSSION

Inflammatory fibroid polyp (IFP) or Vanek’s tumor is a rare benign submucosal tumor composed of fibrous connective tissue and inflammatory cells, especially eosinophils (1). Although IFPs can be found anywhere in the digestive tract, most are found in the stomach (2). They are usually asymptomatic; however, the clinical presentation varies depending on the size and location of the lesion (4). Endoscopic resection is the (standard) treatment of choice; otherwise, open or laparoscopic surgery could be necessary according to its size and location. Recurrence is very infrequent after complete resection and additional treatments are not required (2).

This case exemplifies the difficulty in diagnosing this condition: A seemingly straightforward case of appendicitis in a male turned out to be a surprising discovery of IFP. Most commonly, these benign lesions occur in the gastric antrum, the small bowel and the cecum. Even more rarely they can occur in the appendix (5). Vanek’s appendiceal tumor is extremely rare and, according to our search, this could be the first reported case in the Spanish literature.

REFERENCES