

A rare case of mucinous neoplasm in a distal viable remnant appendix four years post-Appendicectomy

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Abstract

Appendicectomy is the most commonly performed surgical procedure worldwide. Post-operative complications vary from the common, such as infection, to the sporadic, e.g. stump appendicitis. However, presented here is an exceedingly rare case of mucocoele formation developing from a distal segment of appendix left behind after initial appendicectomy, four years prior.

A 54-year-old female, with a background of previous laparoscopic appendicectomy for simple appendicitis, presented with a three-day history of severe right iliac fossa pain, nausea and anorexia. Computerised tomography (CT) of her abdomen and pelvis revealed a 45 x 80mm cystic enlargement at the base of the appendix. Diagnostic laparoscopy was performed. A large mucocoele was observed. It was found to have developed from a still viable remnant distal segment of the previously resected appendix. The mucocoele was resected completely without perforation. Histology revealed this lesion to be a low-grade appendiceal mucinous neoplasm (LAMN).

Mucocoele formation post-appendicectomy is infrequent but has more commonly been described arising from a remnant appendiceal stump. They tend to occur as a very late post-operative complication, with many discovered greater than ten years after initial resection. Presentation can mimic appendicitis. There appears to be only two previously reported cases of mucocoele formation derived from a left-over distal segment of an appendix post-appendicectomy. This is the first case such case containing a LAMN. Appendiceal mucinous neoplasms comprise less than one percent of malignancies and are an uncommon cause of appendicitis. Given their rarity, these cases pose both a diagnostic and therapeutic dilemma.

Biography

Shane Ahern is a graduate from University College Cork. It is the university in which he is completing his Masters in Surgical Science. He began his surgical training in Cork University Hospital. Since then he moved to paediatric Orthopaedic and cardiothoracic surgery.

