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Case Report

# Appendicular Mucocele about a Case at Nianankoro Fomba Hospital in Ségou

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## Abstract

We report a case of benign appendicular mucucocele in a 51-year-old patient. The clinic was that of a painful mass of the right iliac fossa evoking the diagnosis of an appendicular plastron. . An appendectomy with uncomplicated stump burial was performed 14 months after the procedure. Histopathological examination of the operating room found a mucinous cystadenoma of the appendix. The occurrence of chronic abdominal pain localized in the right iliac fossa, associated with palpation of a mass in the right iliac fossa should suggest the possibility of an appendicular mucocele.

**Keywords**: Mucocele, appendix, mucinous cystadenoma.



## INTRODUCTION

Appendicular mucocele (AD) is defined by the dilation of the appendix by accumulation of mucus in its lumen. It is a rare pathology of postoperative histological discovery in nearly 70% of cases [1, 2].

It represents only 0.3% of appendectomy parts and 24% of patients who died of cystic fibrosis [3].

It poses the double problem of its possible malignancy and the risk of gelatinous disease of the peritoneum (pseudo peritoneal myxoma) in case of perforation.

The objective of this work was to show the interest of the histopathological examination of appendectomy operating rooms.

## OBSERVATION

We report a clinical case of appendicular mucocele.

Mr. B.S, 51 years old, consulted on March 24, 2009 for painful mass of the right iliac fossa evolving for 6 months with fever at 38 ° 2 C, constipation and a history of peptic ulcer.

The examination revealed a mass of the iliac fossa straight, firm, sensitive, with irregular contours. At the Digital Rectal Examination there was no tumor. The complete blood count showed 4400 white blood cells per cubic millimeter, the sedimentation rate was normal. The abdominal ultrasound showed a heterogeneous mass of the right iliac fossa independent of the right psoas and bladder, measuring 140 mm long and 43 mm in diameter reminiscent of an appendicular plastron. After cooling, a median subumbilical laparotomy was performed, which revealed a mass in the right iliac fossa of length 13 cm, diameter 3 cm developed at the expense of the appendix whose healthy base measured 0.5 cm (Figure 1). Block removal of the tumour and appendix followed by burial of the appendicular stump. The postoperative follow-up was

simple; the patient was discharged on postoperative day 7. The histopathological examination of the operating room (Figure 2) concluded a mucinous cystadenoma of the appendix. The patient was seen again at 6 months and 14 months without clear evidence of locoregional recurrence.

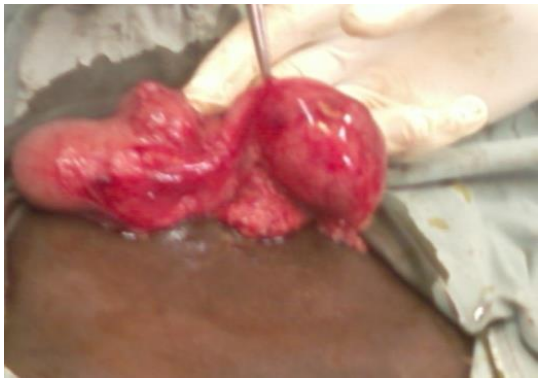

**Figure 1: Operative view**

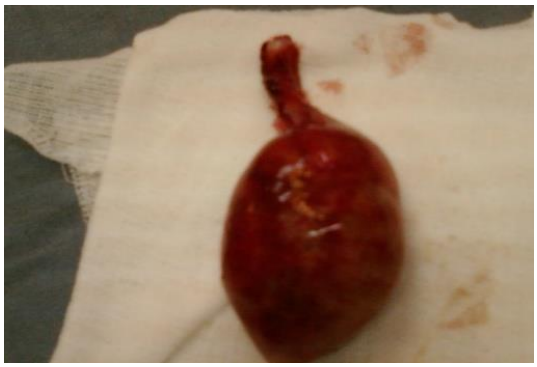

**Figure 2: Operative view**

## DISCUSSION

Appendicular mucoceles are classified into two groups:

Benign appendicular mucocele, due to an accumulation of mucus upstream of an appendicular lumen stenosis. Histologically the mucosa becomes hyperplastic and hypersecreting. In mucinous cystadenoma, the appendix is dilated by mucus, and the lumen is lined by a uni-stratified mucosecretant epithelium. Malignant appendicular mucocele, histologically lesions are limited to the mucosa and arranged in fine papillary structures without atypia or mitosis. In mucinous cystadenocarcinoma, there is connective invasion by neoplastic cells and the presence of neoplastic cells in the intraperitoneal mucosal effusion.

At the diagnostic level, although it is a man in our observation, the appendicular mucocele or mucosecreting tumor of the appendix is the prerogative of women of average age of 55 years.

In our case it was a febrile pseudo-tumor form. This form is indicative of the appendicular mucocele in 18 to 32% of cases in Western series [4, 5]. Whatever the circumstance of discovery, ultrasound and CT are the two explorations that can help make the preoperative diagnosis [4, 6, 7].

Therapeutically, we performed an appendectomy with burial of the appendicular stump. There was no locoregional recurrence after 14 months of follow-up. Our attitude was identical to that of some authors [4, 5] who believe that an appendectomy is sufficient in the absence of malignant lesions.

## CONCLUSION

The appendicular mucocele, although rare, must currently be evoked preoperatively, thanks to a well-conducted radiological exploration, based on ultrasound and computed tomography. The extemporaneous histopathological examination or appendectomy parts make it possible to adapt the surgical procedure to avoid recurrence or dissemination (appendectomy in case of benign mucocele, right hemicolectomy in case of malignancy).

**CONFLICTS OF INTEREST:** None.

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