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MUCOCELE OF THE APPENDIX WITH PERFORATION.

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MUCOCELE OF THE APPENDIX WITH PERFORATION.

HISTORY:

45 year old gentleman, presented to the Emergency Department with right iliac fossa pain & fever.

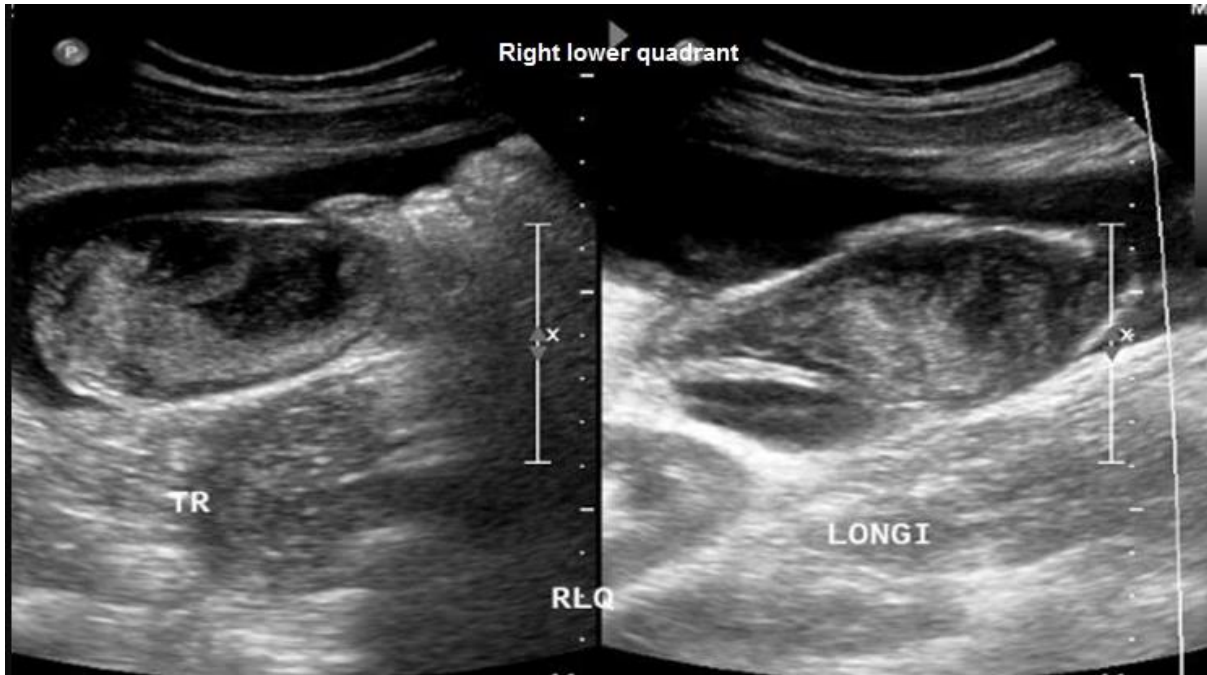


Figure 1: Axial and longitudinal Ultrasound Images, Right lower quadrant. Markedly dilated Appendix with echogenic internal debris and flimsy septation “wavy onion skin peel appearance” with peri-appendiceal collection.

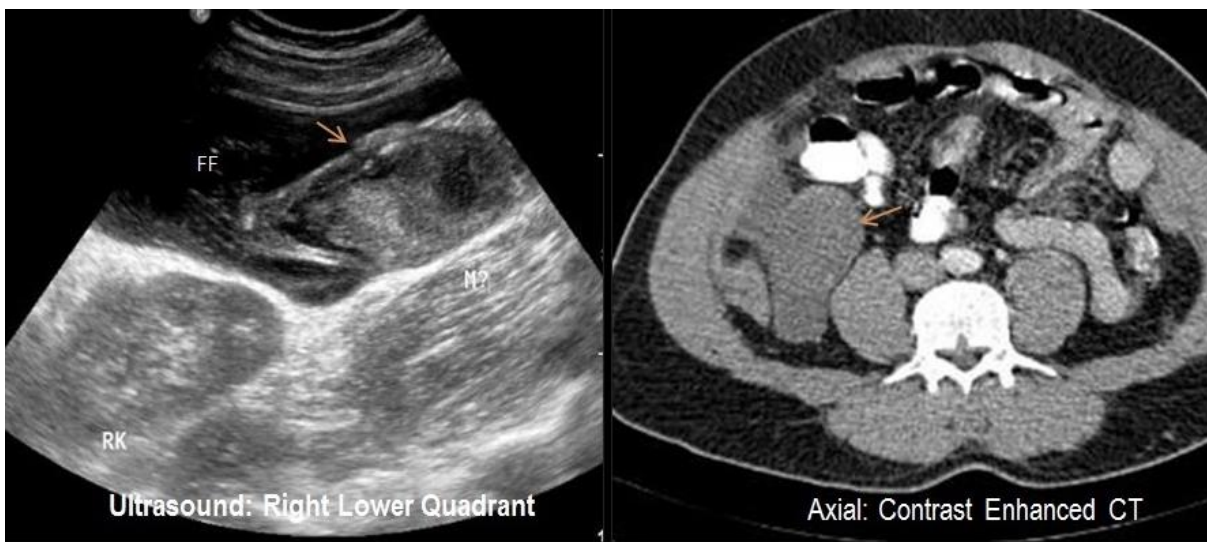


Figure 2: Ultrasound and Axial Contrast Enhanced CT. Dilated appendix with luminal diameter of 3.6cm with high density fluid endoluminal contents, thin rim of peripheral calcification with a focal defect s/o perforation and regional collection with fat stranding.



Figure 3: Coronal Reformatted CT. Dilated appendix with high density fluid endoluminal contents (26HU), thin rim of peripheral calcification and periappendiceal collection.

FINAL DIAGNOSIS: MUCOCELE OF THE APPENDIX WITH PERFORATION.

Mucocele of the appendix

- Is a generic descriptive term for an appendix distended by mucus, secondary to mucinous cystadenoma (63%), mucosal hyperplasia (25%), mucinous cystadenocarcinoma (11%) and retention cyst.

Etiopathogenesis:

- Occur when there is abnormal accumulation of mucous within the appendix.
- The tenacious and viscous mucous causes obstruction of the appendiceal neck and resulting in dilatation of the lumen and subsequent secondary inflammation and perforation.
- The term mucocoele refers to cystic dilatation of the appendix filled with mucin resulting from proximal obstruction of the appendix lumen.

Epidemiology:

- Rare, incidence is 0.2% to 0.7% of all appendectomies, more frequently in female patients and, usually, in patients older than 50 years.
- Course and prognosis of appendiceal mucoceles relate to their histologic subtypes.

Clinical Course:

- Maybe an incidental finding (approx 50%), can present as acute appendicitis.
- Clinical symptoms: Pain in the right lower quadrant of the abdomen, palpable abdominal mass, nausea, vomiting, weight loss, gastrointestinal bleeding, and occasionally can present as intussusception.
- Pre-operative diagnosis before surgery is important for the selection of adequate surgical treatment to avoid intraoperative and postoperative complications (perforation can lead to pseudomyxoma peritonei - PMP).
- Can be complicated with the occurrence of PMP (both benign and malignant variants can present with PMP), if in the malignant scenario the prognosis is guarded.

Radiology:

- **Barium:** Non-filling or partial filling of the appendix with contrast. The lesion may be seen as a sharply outlined sub mucosal or extrinsic mass indenting the caecum and laterally displacing it.
- **Ultrasound:** Findings can be variable, purely cystic lesions with anechoic fluid, hypoechoic masses with fine internal echoes as well as complex hyperechoic masses can be seen depending on the contents. The onion skin sign is considered to be specific for mucocele of the appendix.
- **Compound tomography:** Cystic well-encapsulated mass sometimes with mural calcification, in the expected location of the appendix. It may be causing extrinsic pressure on the caecal wall without any surrounding inflammatory reaction.

Imaging mimics: Cystic adnexal pathology in women, clue to diagnosis is the continuity of the appendicular mucocele to the base of cecum.

References:

1. Zaza Demetrashvili, Mamuka Chkhaidze. Mucocele of the Appendix: Case Report and Review of Literature. *Int Surg.* 2012 Jul-Sep; 97(3): 266–269.
2. Kim SH, Lim HK, Lee WJ, Lim JH, Byun JY: Mucocele of the appendix; ultrasonographic and CT findings. *Abdom Imaging* 1998, 23:292-296.
3. Skaane P, Ruud TE, Haffner J: Ultrasonographic features of mucocele of the appendix. *J Clin Ultrasound* 1998, 16:584-587.