Giant mucocele of appendix as pelvic mass: A rare presentation

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50-year-female presented to us with awareness of lump in right iliac fossa (RIF) for 3 months, gradually increasing in size with dull aching pain. On examination there was a lump in the RIF region arising from pelvis, it was 12×6 cm in size, firm to cystic in consistency with ill defined margins.

On investigations routine test were within normal limits CA 125 level was 8.12 U/ml. Patient underwent radiological imaging and USG and CT were suggestive of adnexal mass (Fig. 1), on laparotomy 13×6 cm cystic mass found replacing the appendix, both the adnexa were normal (Fig. 2). Histology was suggestive of benign mucocele of appendix.

Discussion

Mucocele of the appendix is a relatively uncommon pathology with a reported incidence of 0.2–0.3% in all appendectomy specimens [1].

Two major pathological mechanisms are thought to be responsible for the formation of appendiceal mucocele; first elevated appendiceal pressures as sequelae of luminal obstruction caused by prior inflammation, mucosal hyperplasia, or appendiceal lesions (e.g., fecaliths, endometriosis, diverticulae, polyps) and second tumors of the appendix (i.e., carcinoid, cystadenoma, cystadenocarcinoma).

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Fig. 1 Sonographic picture of mass

Fig. 2 Operative picture of mucocele

Histopathologic classification of appendiceal mucocèles is dependent on the characteristics of their lining epithelium. These include retention cysts (18%), mucocèles with mucosal hyperplasia (20%), mucinous cystadenomas (32%), and mucinous cystadenocarcinomas (10%) [2].

Clinical presentation may include right lower quadrant pain, change in bowel habits, per rectal bleeding or a palpable mass. Approximately 23–50% of patients are asymptomatic [3].

CT of the abdomen usually shows a cystic well-encapsulated mass sometimes with mural calcification, in the expected location of the appendix [4]. Ultrasound findings can be variable, the onion skin sign is considered to be specific for mucocèle of the appendix [5].

Therapy is surgical laparoscopic surgery provides the advantages of good exposure and evaluation of entire abdominal cavity, as well as more rapid recovery with avoidance of a large incision and a better cosmetic outcome. However careful handling of the specimen is recommended as spillage of the contents can lead to pseudomyxoma peritonei. Conversion to laparotomy should be considered if the lesion is traumatically grasped or if the tumor clearly extends beyond the appendix or if there is evidence of malignancy such as peritoneal deposits [6].

In conclusion, mucocèle of the appendix is rare and

difficult to diagnose preoperatively. It must be considered in patients with advanced age; especially female gender with atypical ultrasonographic appearance; or adnexal mass at the right side.

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