Xanthogranulomatous Appendicitis

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Abstract A 78-years-old man presented with right lower quadrant pain for 2 months. Computed tomography revealed an irregular and multicystic mass near the cecum like as appendiceal mucocele. The lesion was diagnosed xanthogranulomatous appendicitis by histopathological findings of surgical specimen. Xanthogranuloma is uncommon disease, especially in the appendix. We report an interesting case of xanthogranulomatous appendicitis mimicking appendiceal mucocele in radiological images.

Keywords Appendix · Xanthogranuloma

A 78-year-old Japanese man was referred to our department by the general practitioner complaining of a 2-month history of right lower quadrant pain. He had no medical history. Blood examination showed no remarkable changes, and tumor markers were within the normal limits. An abdominal computed tomography (CT) revealed about 4 cm irregular and multicystic mass near the cecum (Fig. 1). On colonoscopy, a lesion protruding from the appendiceal orifice of the cecum was found and its top was covered with normal mucosa. Biopsy specimen revealed no malignancy. Based

on CT and colonoscopy findings, the lesion was diagnosed as appendiceal mucocele. Subsequently the patient went for laparotomy, revealing 4×4 cm-sized irregular mass locating in the tip of the appendix. The patient underwent an ileocecal resection. Histopathological findings showed predominance

Fig. 1 Axial and coronal reconstruction of the abdominal computed tomography scan

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Fig. 2 Microscopic findings of resected specimen (H&E, x 20)

of foamy cells and inflammatory cellular infiltration, mainly lymphocytes, consistent with xanthogranulomatous appendicitis (Fig. 2).

Kidney, gallbladder, lung, and prostate are the most well-recognized sites for xanthogranulomatous infiltration. However, xanthogranulomatous change is uncommon even in these sites. Various pathogenetic mechanisms have been proposed for xanthogranulomatous infiltration including deficiency in lipid transport, disturbance of leukocyte and macrophage chemotaxis, infection of *Proteus* and *Escherichia* species, and lymphatic obstruction [1]. The literature search

has revealed that only four reports of xanthogranulomatous appendicitis [1–4]. Patients usually present with symptoms often mimicking right lower quadrant pain or diverticulitis. Imaging modalities are nonspecific, although CT may show the presence of appendiceal tumor mass and the lack of invasion to the surrounding tissues. The treatment includes surgical resection because it is not easy to differ from malignant.

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