Endometriosis causing invaginated mucinous cystadenoma of appendix: case report

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Introduction

Mucinous tumors are mainly located in the ovary with a total of 10-15% of all tumors. Among them 80% are benign and borderline tumors and other carcinomas. The extraovarian primary form, is an unusual presentation (most of the time localized on appendix) [1, 2]. Endometriosis, in the other hand, is the extrauterine presence of endometrial glands and stroma. It normally compromises pelvic organs and less frequently other ones, like bowel, affected in 3 to 37%, whilst appendix only in 0.8% according to authors [3, 4, 5]. Even though the clinical presentation is chronic pelvic pain, the appendix is usually asymptomatic [2, 6]. The gold standard for its diagnosis is laparoscopy, which allows direct visualization and subsequent pathologic confirmation of disease and complications [2]. This case report describes a particular presentation of invaginated mucinous cystadenoma tumor of appendix due to endometriosis successfully treated with laparoscopic surgery.

Case report

A sixty-two year old woman with medical history of diabetes mellitus type II and depressive syndrome, who consulted to outpatient general surgery service at the Vic University Hospital complaining of occasional mild pain located in the lower right abdominal quadrant with no other associated symptoms, in the last four months. Physical examination and blood tests were normal.

Abdominal CT scan was performed without evidence of disease. Colonoscopy described a rounded subepithelial lesion of 2 cm of diameter at the appendiceal orifice, (Figure 1), suggesting the diagnosis of appendicular base tumor, then a biopsy was performed. The histopathology study reported colonic mucosa with lymphoplasmocytic infiltrate. In the following weeks, the patient was complaining of this symptom, so is requested a new endoscopic study, whose result was unchanged from the previous and a new biopsy was also made, with no evidence of malignancy at histopathological analysis.

After that, the laparoscopy surgery was performed, in which the following was found: invaginated appendiceal
base tumor (Figures 2 and 3). Finally mechanical laparoscopic cectomy was completed. The pathological study objectified invaginated mucinous cystadenoma of appendix associated with endometrial glands and stroma at tissue (Figures 3 and 4). The patient recovered successfully from surgery and was discharged 72 hours later. One year after surgery she refers no abdominal pain or other symptoms.

**Discussion**

The appendicular endometriosis is a rare condition that may be asymptomatic, being accidentally found during other
pelvic pathologies surgical treatments [7], and is less frequently accompanied by non-specific symptoms unrelated to menstrual cycle[6, 8]. It can also be related to malignant tumors as in the case of our patient, who had an invaginated mucinous cystadenoma, tumor with an celomic epithelial origin, also very rare and asymptomatic [9]. Finally the presence of both conditions, meaning the tumor due to endometriosis of the appendix is extremely rare and just 11 cases have been reported before [10]. The surgical treatment is the best choice. The priority is, complete excision of the tumor with an appendectomy, in those non-perforated tumors without lymphatic or margins affectation either, and with a negative cytology. In the other hand, for those located very close to the base of appendix, the alternative treatment is cecectomy [11], as in our case. Finally, right hemicolectomy is indicated for the rest of cases [12]. There is an association with other gastrointestinal tumors, mainly colon, being necessary to conduct a thorough examination of the abdominal cavity while surgery is performed [11].

The appendix is not a common focus site for endometriosis, with an incidence of less than 1% described. Only 11 cases of Mucinous Cystadenoma of appendix due to Endometriosis have been reported before, however none of them with invaginated location as intraoperative observation. As result, we consider this clinical presentation a new data, to bear in mind when making a differential diagnosis is demanded.

Conflicting interests

The authors have declared that no conflict of interests exist.

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Author Contributions

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References


