

LOW GRADE APPENDICEAL MUCINOUS NEOPLASM [LAMN] - A CASE REPORT



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INTRODUCTION :

- Mucinous neoplasms of the appendix are a complex, diverse group of epithelial neoplasms, arising from epithelial cells that line certain internal organs and skin, and produce mucin often causing cystic dilation of the appendix due to accumulation of mucin, morphologically referred to as mucoceles. [1]
- Appendiceal mucinous neoplasms are a heterogeneous group of neoplasms ranging from simple mucoceles to complex pseudomyxoma peritonei. [2]
- Low-grade appendiceal mucinous neoplasms [LAMN] are detected in 0.7 to 1.7% of all appendectomies
- First described by Rokitasnsky in 1842, mucoceles are often incidentally detected in asymptomatic patients. [1]

CLINICAL PRESENTATION :

- LAMN can present with abdominal pain, vomiting, distension, palpable mass, intestinal obstruction, weight loss and Intussusception [3]. They can also uncommonly present with urological findings, including haematuria, ureteral obstruction, hydronephrosis, and urinary tract infection
- An acute appendicitis-like presentation with right lower quadrant pain secondary to distention of the appendix by mucin is the most common clinical presentation in early stage disease [4].
- LAMN do not metastasize haematogenic or lymphogenic, they can disseminate in the abdominal cavity due to perforation, leading to an accumulation of mucin which is called "pseudomyxoma peritonei" (PMP)

CASE REPORT :

- A 75-year-old patient presented in OPD with complaints of mild pain and discomfort in right iliac fossa for 7 days and loss of weight for last 15 days.
- On examination his abdomen was soft but there was mild tenderness and rebound tenderness in Right Iliac fossa.

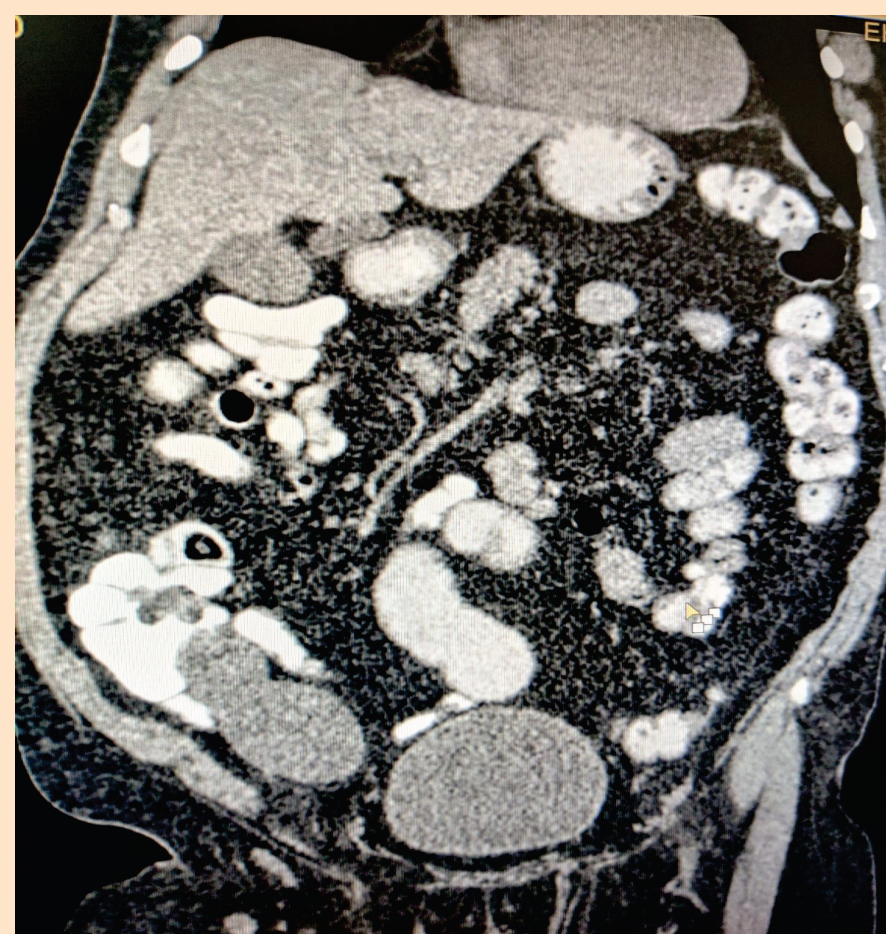
USG - ABDOMEN

USG Abdomen well defined hypoechoic cystic lesion with internal echoes noted in right iliac fossa.



CECT ABDOMEN

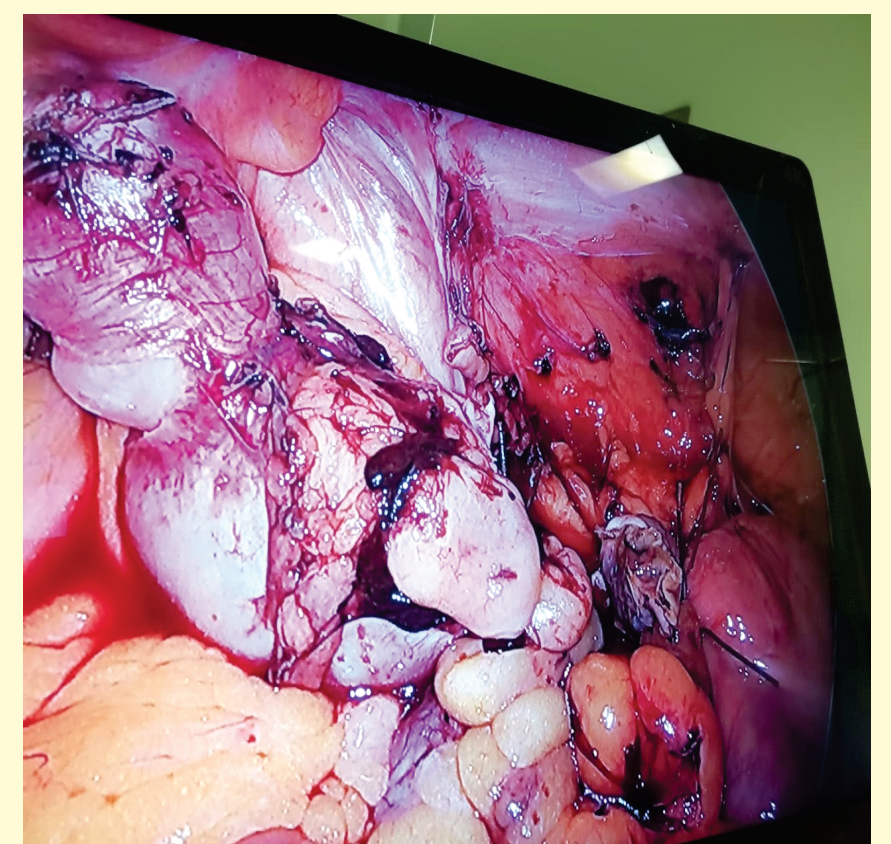
CECT Abdomen well defined lobulated and elongated fluid density blind tubular mass lesion of maximum diameter 4.8cm and length 13-15cm seen in right iliac fossa arising from caecum inferior to IC junction, indenting the caecum and its base. No obvious enhancement during contrast study - Possibility of Mucocele of Appendix.



The patient was diagnosed as a case of Mucocele of Appendix. Lap Appendicectomy was done.

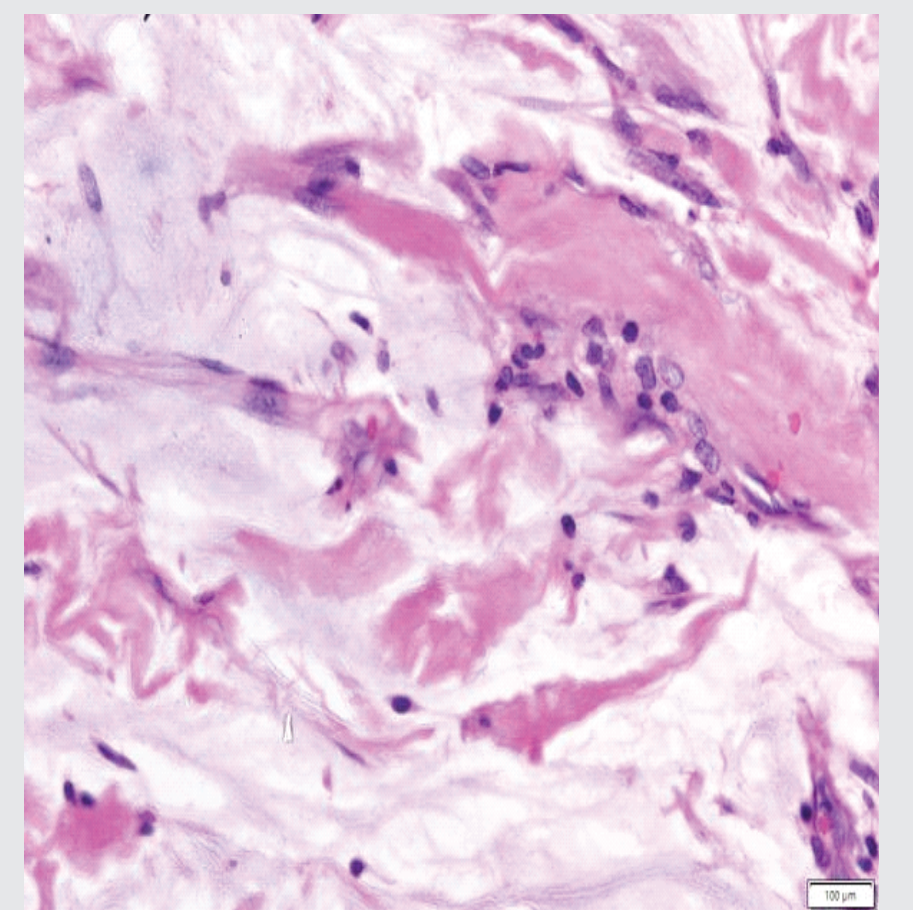
HISTOPATHOLOGICAL REPORT

Histopathological report showed Low grade Appendiceal Mucinous Neoplasm. Base of Appendix show presence of mucin deposits. Negative for invasive malignancy.



PET CT WHOLE BODY:

No abnormal FDG uptake noted. Recent postoperative status of Appendix noted. Thus essentially it was a normal PET_CT scan. He was advised to remain in follow-up every 6 months.



CONCLUSIONS :

For LAMN confined to the appendix, appendectomy alone is typically sufficient for management, with conservative follow-up and imaging

REFERENCES :

- 1 Dachman A, Lichtenstein J, Friedman A. Mucocele of the appendix and pseudomyxoma peritonei. *AJR Am J Roentgenol.* 1985;144:923-929. PMID:3885692.
- 2 T. Evans, O. Aziz, B. Chakrabarty et al., "Long-term outcomes for patients with peritoneal acellular mucinosis secondary to low grade appendiceal mucinous neoplasms," *European Journal of Surgical Oncology*, vol. 47, no. 1, pp. 188-193, 2021.
- 3 Dixit A, Robertson JH, Mudan SS, Akle C. Appendiceal mucoceles and pseudomyxoma peritonei. *World J Gastroenterol.* 2007;13:2381-2384. PMID:17511043.
- 4 Bradley RF, Stewart JH 4th, Russell GB et al. Pseudomyxoma peritonei of appendiceal origin: A clinicopathologic analysis of 101 patients uniformly treated at a single institution, with literature review. *Am J Surg Pathol* 2006;30:551-559.