

APPENDICEAL MUCINOUS ADENOCARCINOMA: A RARE CAUSE OF CECAL-COLON INTUSSUSCEPTION



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BACKGROUND:

- Adult appendiceal mucinous neoplasms are rare
 - 3500 cases per year
- Intussusception in adults is equally rare
 - 2.5 cases per million

THE CASE:

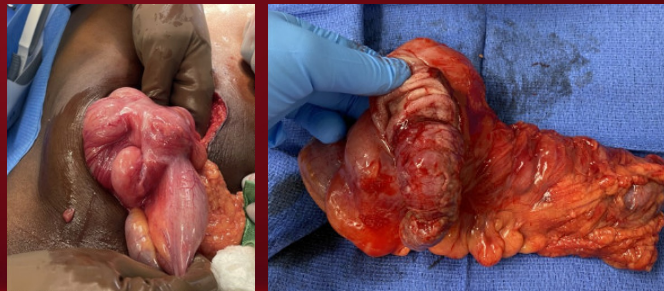
- 46yo M, no significant past medical or surgical history. Extensive family Hx of cancer (gastric, breast, and colon). Presents with three weeks of vague abdominal pain.
 - **Vitals** - 36.7, HR 101, BP 130/66, RR 16, 99% ORA
 - **PE** - Thin, soft, non-distended, minimal tender in the RLQ, no signs of peritonitis
 - **Labs** - WBC 7.8 K/mcL, lactate of 5 mmol/L, CEA 3.4, CA 19-9 <2
- **CT scan** - cecal to transverse colonic intussusception w/ colonic pneumatosis.



○ **Exploratory laparotomy**

- **Mass palpated within the cecum**, no evidence of metastatic disease
- **Right hemicolectomy**

○ **Pathology:** pT3N1aM0 Appendiceal Mucinous Adenocarcinoma



DISCUSSION:

- Staged according to TNM classification
 - LAMNs → HAMNs → mucinous adenocarcinoma
- Perforation leads to pseudomyxoma peritonei
- Surgical intervention includes
 - Appendectomy alone vs. Right hemicolectomy vs. Cytoreductive surgery
- **Colonoscopy**
 - Exclude synchronous lesions
 - Occur in up to 42% of cases.
- **Adjuvant chemotherapy**
 - HAMN, Adenocarcinoma, Metastatic disease
- Recurrence rate varies depending on the stage and grade. No universally accepted surveillance strategy.

CONCLUSION: For our patient w/ Stage III B well differentiated mucinous appendiceal adenocarcinoma, with appropriate upfront management and follow up, The overall 5-year survival is 82.6%.

