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Clinical Images

Dahbia Djelil, Anthony Dohan and Marc Pocard* Peritoneal pseudomyxoma after incomplete appendectomy

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A 41-year-old woman was referred because of abdominal pain, reporting on an appendectomy 24 years ago. At that time, she developed a postoperative intra-abdominal abscess and was told that the tip of the appendix had been left in the abdomen. Seventeen years later, a CT-scan showed a 6 cm cystic tumor at the caecum base (Figure 1A). The treatment was conservative. The abdominal CT-scan now showed a 15 cm large tumor (Figure 1B). A low-grade pseudomyxoma peritonei (PMP) with a Peritoneal Cancer Index (PCI) of 6/39 was diagnosed.

A 59-year-old man presented with abdominal pain nine years after a laparoscopic appendectomy. He reported on an intra-abdominal abscess eight months postoperatively, requiring radiological drainage. A low-grade PMP (PCI 12) was diagnosed, and an appendix tip remnant identified (Figure 1C).

A PMP can arise from an appendiceal tip remnant. A history of appendectomy does not exclude an appendiceal origin of PMP.

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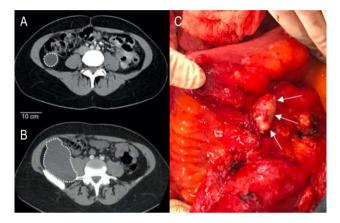


Figure 1: (A, B) Evolution of remnant tips of appendix generating a mucocele after 17 years and a pseudomyxoma peritonei (PMP) of low grade after 24 years. (C) Evolution of remnant tips of appendix generating a pseudomyxoma peritonei (PMP) of low grade. Per operative aspect with white arrow, on the last small bowel loop, of a remnant tips of appendix origin of the PMP.

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Ethical approval: Informed consent given by the patient (Registration in RENAPE network, organization for the treatment of rare tumors of the peritoneum), CNIL 2010-297.

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