



Images in Clinical Medicine

Inverted appendix mimicking a pedunculated polyp

Chuang-Wei Chen^{a,b}, Kung-Hong Hsiao^{a,b,*}^a Division of Colon and Rectal Surgery, Department of Surgery, Buddhist Tzu Chi General Hospital, Taipei Branch, New Taipei City, Taiwan^b School of Medicine, Tzu Chi University, Hualien, Taiwan

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An asymptomatic woman 60 years of age had a positive result on a fecal occult blood test. She had no significant medical history. Plain radiography and blood tests showed no abnormalities. A long, thick, stalk-like lesion with a smooth surface was found in the cecal area during colonoscopy (Fig. 1). A careful inspection of the lesion showed it was not a polyp. It arose from the orifice of the appendix. The patient had a prior appendectomy 30 years ago. Thus, the endoscopic appearance of the polypoid cecal lesion was considered to be most compatible with an inverted appendiceal stump. A “polypectomy” was not performed.

the risk of peritoneal contamination during surgery for acute appendicitis [2–4]. The resultant appendiceal stump usually sloughs into the cecal lumen after several days. However, remnant tissue may persist in some patients. On colonoscopy, the typical appearance of an inverted appendiceal stump consists of an oblong mass in the cecal area [2]. The specific location and typical appearance of an appendiceal stump on colonoscopy and a history of appendectomy allow its recognition [1–4]. Biopsy may be considered to exclude a possible neoplasm. A “polypectomy” is not necessary and may result in unexpected complications.

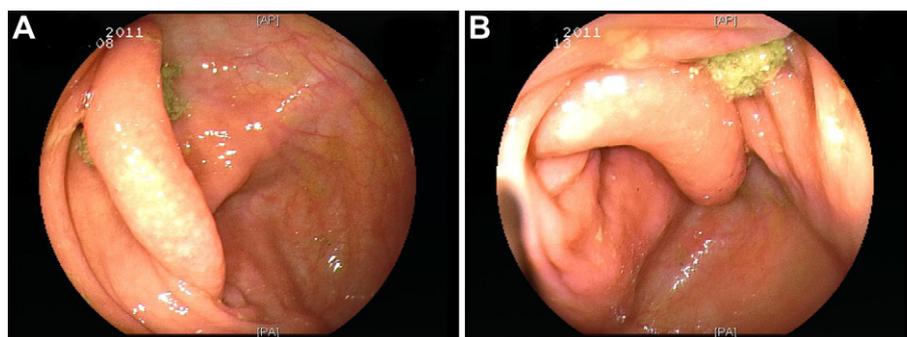


Fig. 1. A long, thick, stalk-like lesion with a smooth surface arising from the orifice of the appendix.

An inverted appendix is rarely discovered on colonoscopy, and it may be mistaken for a pedunculated polyp [1]. The technique of inversion-ligation is used by some surgeons to theoretically reduce

References

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* Corresponding author. Division of Colon and Rectal Surgery, Department of Surgery, Buddhist Tzu Chi General Hospital, Taipei Branch, 289, Jianguo Road, New Taipei City, Taiwan. Tel.: +886 2 66289779x63317; fax: +886 2 66289009.

E-mail address: docallen.tw@yahoo.com.tw (K.-H. Hsiao).