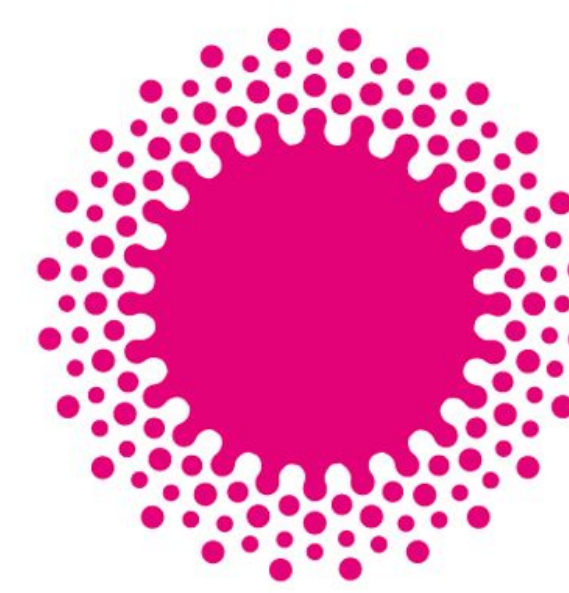


Mucocele of the Appendix Disguised as Pyosalpinx

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BACKGROUND

An appendiceal mucocele is a term denoting an enlarged, mucus-filled appendix. Patients can be asymptomatic or present with pelvic pain. Mucoceles can be benign or malignant with definitive diagnosis requiring histopathology on appendicectomy specimen.

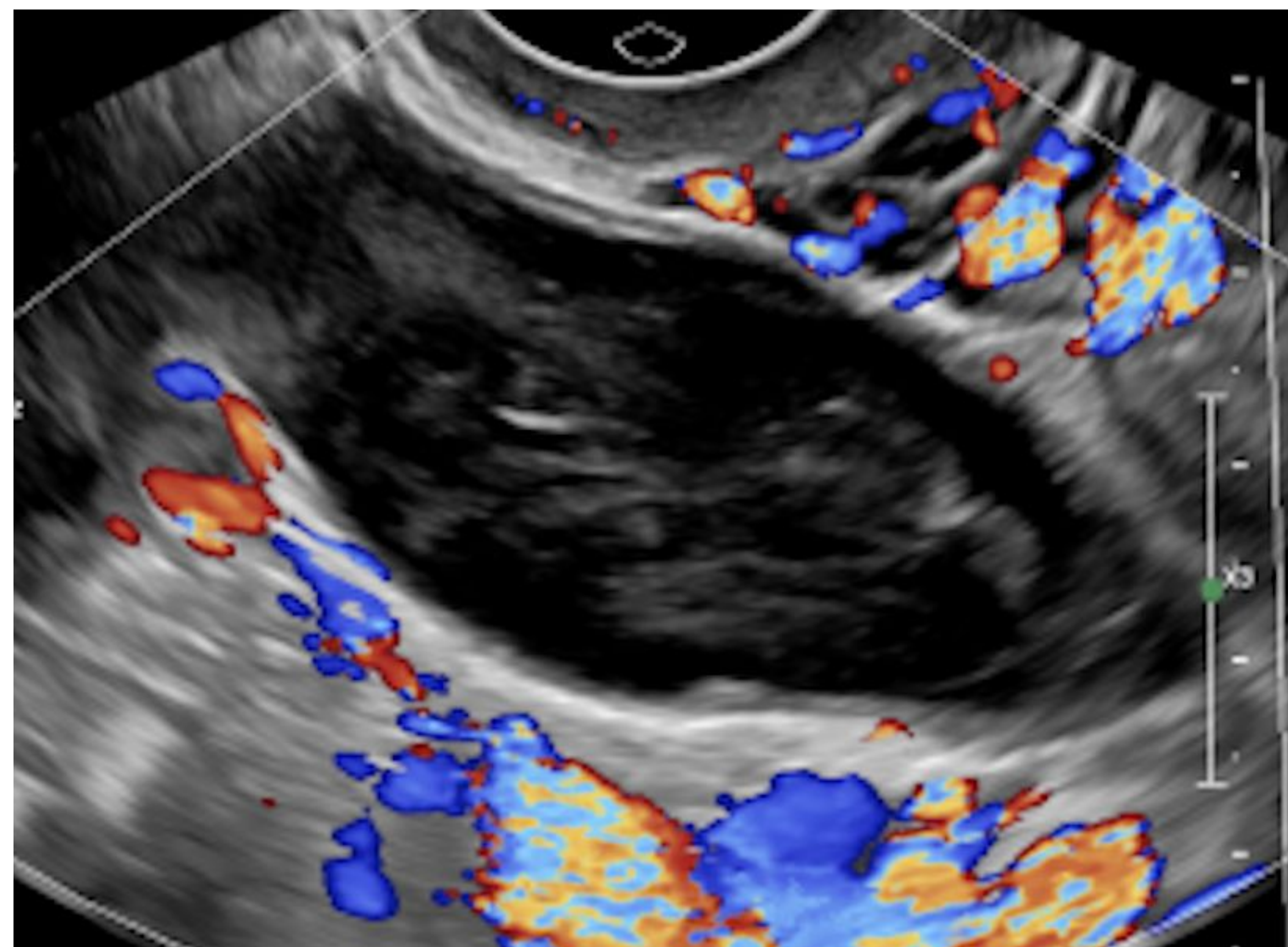
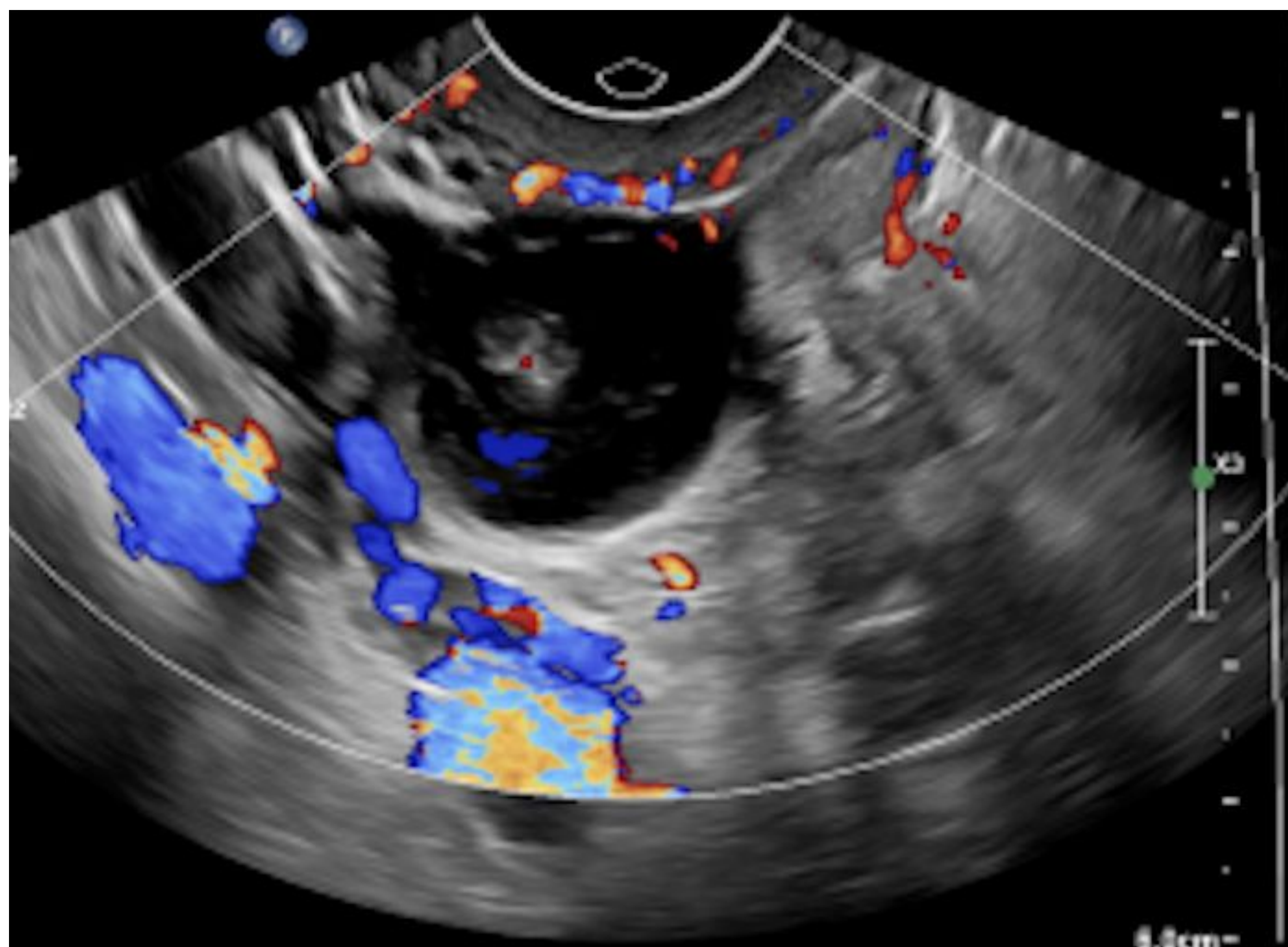


Figure 1: Ultrasound images taken at the time of admission.

CASE

A 46-year-old female presented with a four-day history of progressively worsening right iliac fossa pain and subjective fevers on a background of an ultrasound demonstrating a right pyosalpinx. The patient had not been sexually active for 12 years, with a history of post-traumatic stress disorder from a previous sexual assault. She was admitted for observation and managed with intravenous antibiotics. Repeat ultrasound confirmed a finding of an enlarged, fluid-filled right fallopian tube (Fig 1). After a period of observation with no improvement in pain, the patient was taken for a diagnostic laparoscopy demonstrating an 8x3cm appendix with a normal right tube and ovary (Fig 2). A full diagnostic laparoscopy was performed, with referral to colorectal surgeons for complete preoperative work-up prior to appendicectomy. During admission the patient required a pelvic ultrasound and had two internal assessments. The patient returned with ongoing pain and had a laparoscopic appendicectomy and stapled caecectomy. Histopathology demonstrated a low grade mucinous appendiceal neoplasm with no evidence of metastasis on imaging.



Figure 2: Findings at laparoscopy. Normal right tube and ovary (left). Appendix mucocele (right)

DISCUSSION

Mucocele of the appendix is an important differential for women presenting with pelvic pain, with particular relevance to gynaecology given its association with ovarian malignancy. If found at diagnostic laparoscopy, an appendicectomy should be delayed until there has been appropriate preoperative work-up. This is due to the risk of disseminated pelvic malignancy and caecal extension. Furthermore, in preparing this poster, the patient asked us to reiterate the importance of rationalising internal examinations in patients with sexual trauma. Clinicians should be mindful of patients' histories and provide trauma informed care.