

Complete Appendiceal Intussusception Associated with Endometriosis

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A 50-year-old asymptomatic woman presented for a screening colonoscopy and was found to have an enlarged inverted appendix (Fig. 1a). Further investigation by magnetic resonance imaging (MRI) revealed a hypervascular solid lesion at the base of the cecum with nonvisualization of the appendix. Her past medical history is significant for Hashimoto thyroiditis, and endometriosis which led to a hysterectomy and left salpingo-oophorectomy. Pre-operative assessment favored a benign appendiceal intussusception and an ileocecectomy was performed. A complete intussuscepted appendix was identified grossly (Fig. 1b). Histology by hematoxylin and eosin (H&E) showed intussusception (Fig. 1c) associated with multicentric foci of endometriosis (Fig. 1d) primarily located in the muscularis propria, but focally extends to the periappendiceal tissues.

Appendiceal intussusception is a rare condition with an incidence of approximately 0.01%.¹ Clinical manifestation varies from asymptomatic to acute appendicitis.² It is associated with congenital abnormality, endometriosis, mucocele, and adenocarcinoma.³ Clinically, it may be easily misdiagnosed as a polyp or mass lesion. Therefore, it may be important to include appendiceal intussusception in the differential diagnoses when approaching a cecal mass, especially for adult females with a history of endometriosis. Surgical intervention is warranted if it is symptomatic or worrisome for malignancy.

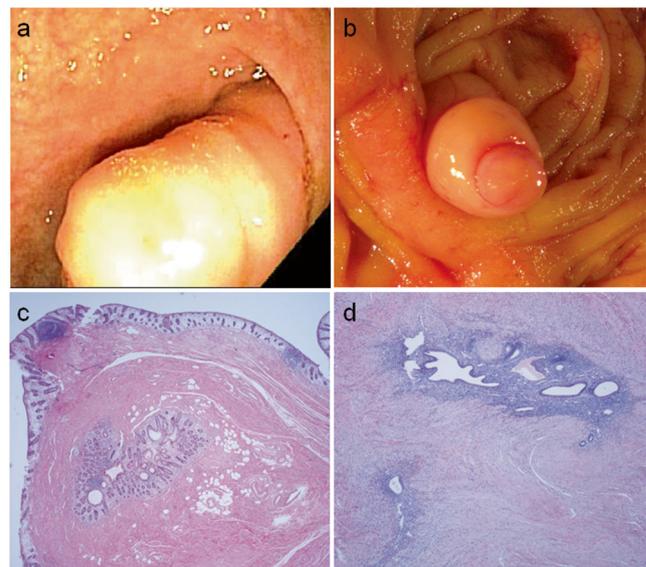


Fig. 1 Completely intussuscepted appendix with endometriosis. **a** Endoscopic view of an intussuscepted appendix at the appendiceal orifice. **b** Gross photograph of the intussuscepted appendix after ileocecectomy. **c** Cross section of the intussuscepted appendix with normal colonic type mucosa covering the outer surface (H&E, original magnification, × 20). **d** Foci of endometriosis in the muscularis propria of the intussuscepted appendix (original magnification, × 40)

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Author's Contribution Y. Xiong performed the literature review and manuscript preparation. C. Marshall provided endoscopy for the colonoscopic image. M. Yang provided the gross photograph and histological interpretation and revised the manuscript.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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