

Title:

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A case of an inverted appendiceal stump with dysplastic mucosa mimicking cecal polyp managed by a combined endoscopic laparoscopic approach

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Investigation: DJ, AK

Supervision: ZBH

Writing and original draft: BB, ZBH

Writing, review and editing: AK

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CASE REPORT

An endoscopic finding of invaginated appendiceal stump mimicking a polyp is very rare. We present the case of a patient with an appendiceal stump mimicking a cecal polyp covered with dysplastic mucosa, which makes it even more rare (1) (Fig. 1A and B). Polypoid lesions involving the appendiceal area represent a specific diagnostic-therapeutic dilemma (2). In these situations, simple colonoscopic polypectomy poses an increased risk for perforation. In our case, biopsy of the polypoid cecal lesion revealed dysplastic mucosa. Due to the non-lifting sign and increased risk of perforation from simple polypectomy, the polyp was

removed by cecal wedge resection using a combined endoscopic laparoscopic approach (3) (Fig. 2A-D). Histopathology of the specimen confirmed medium dysplastic epithelium covering lymphoid follicles specific for appendix (Fig. 3).

In our case, the decision about the need to remove the polyp was quite clear, based on biopsy histology. However, the question is what should we have done if the biopsy finding was negative? In such a situation, a conservative approach with endoscopic follow-up of the polyp and regular biopsy specimen analysis or a more active approach of polyp removal should be considered. This issue can be discussed. However, we believe that the decision on approaching such patients should be made individually, based on the patient's age, comorbidities, general condition and surgical risk.

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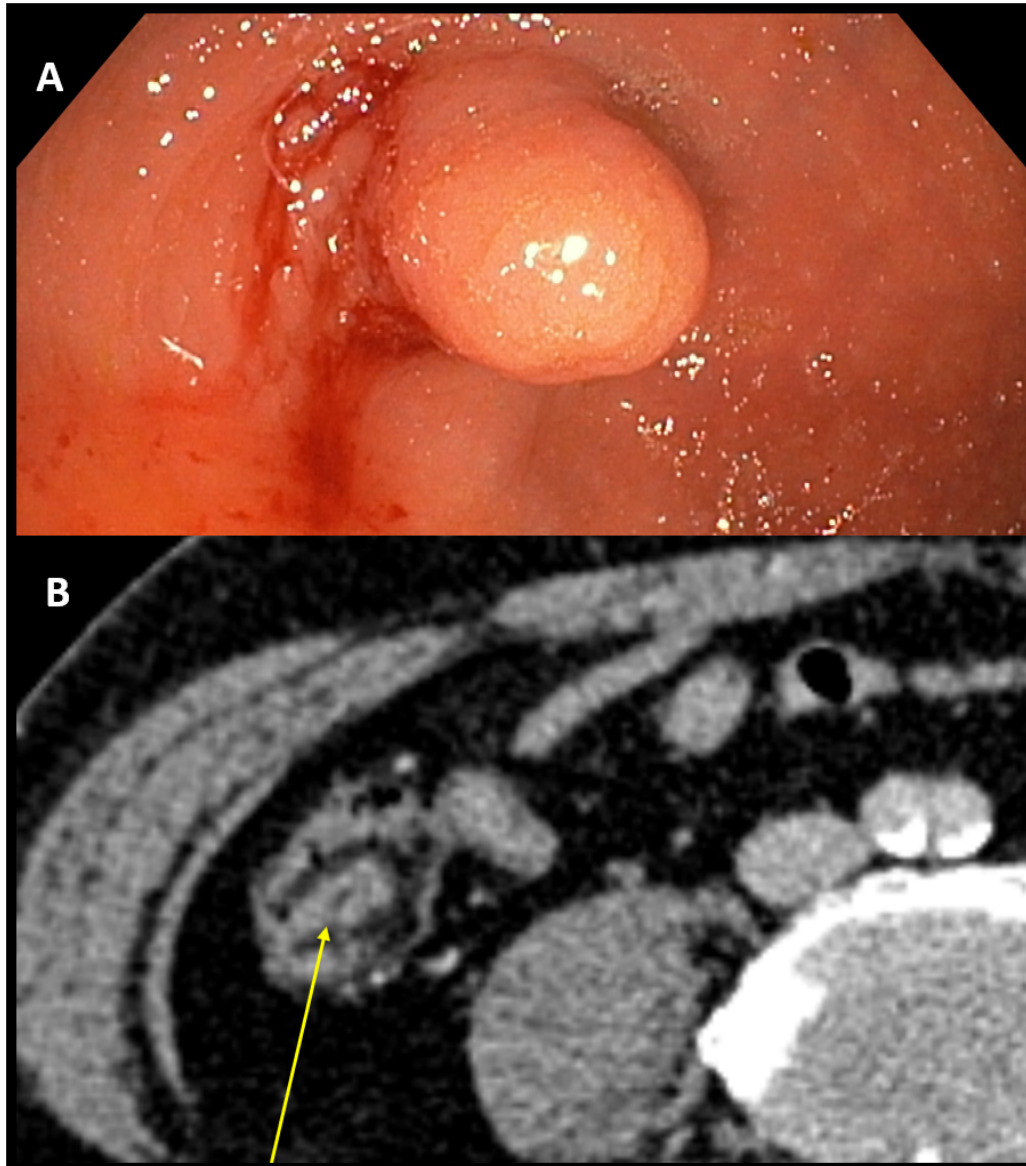


Fig. 1. A. Colonoscopic view of a 2 cm long and 1 cm wide polypoid mass occupying the appendiceal orifice. B. Multislice computed tomography (MSCT) of the abdomen demonstrating a cecal intraluminal tubular structure.

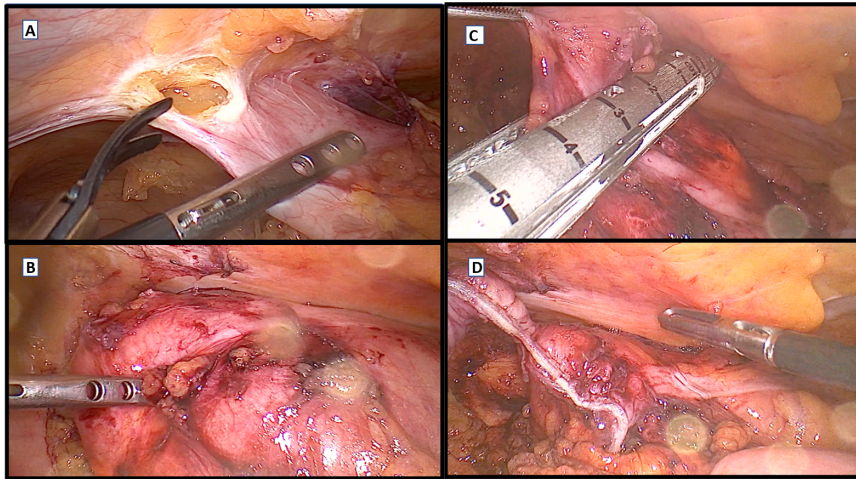


Fig. 2. A. Laparoscopic adhesiolysis around the cecum. B. Confirming the exact location of the tumor at the cecum taeniae junction by external cecal palpation under the colonoscopy control. C. An endoscopic linear stapler is used to perform cecal wedge resection. D. Resection is performed using two firings of a linear stapler under colonoscopic control, taking care to remove the polyp in total while not compromising the ileocecal valvula.

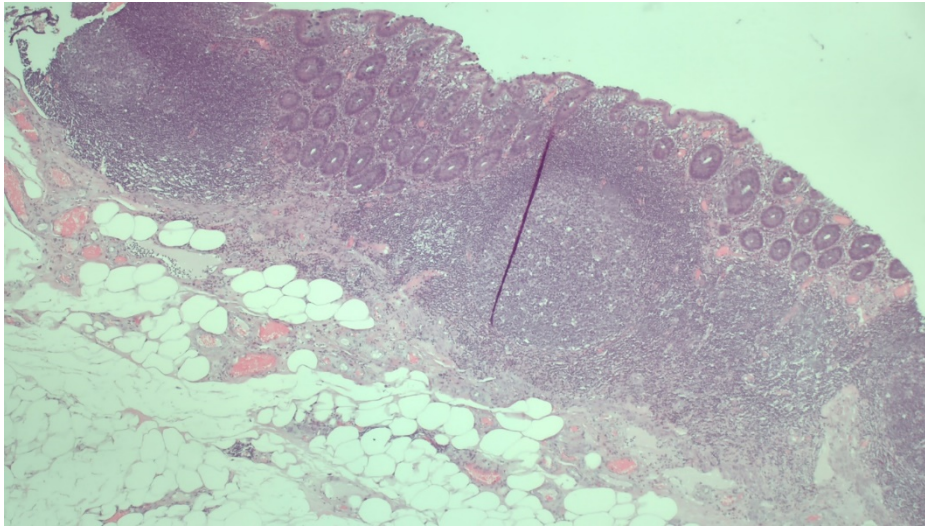


Fig. 3. Histopathology of the resected cecal polyp (hematoxylin and eosin, x10) revealing a 2 cm polypoid growth lined by medium dysplastic epithelium, with lymphoid follicles specific for the appendix underneath. Nonspecific fibrous-adipose and cicatricial tissue was found at the base of the specimen.