

## Introduction

Appendiceal mucinous neoplasms are a rare epithelial malignancy of the appendix that account for less than 1% of cancers<sup>1</sup>. They largely present as an incidental finding at the time of surgery for other causes.

We present a case of a postmenopausal woman with suspected right ovarian lesion who underwent laparoscopic gynaecological surgery which revealed an unexpected appendiceal mucinous neoplasm.

## Case Report

A 61-year-old postmenopausal woman was referred to the gynaecology clinic by her GP with a right ovarian cystic lesion measuring 79x42x49mm on pelvic ultrasound. She had a 3-week history of abdominal pain and bloating. She did not report any weight loss. Her medical history was significant for left breast cancer for which she had bilateral mastectomy and adjuvant chemotherapy. Tumour markers for ovarian and other solid intraperitoneal organs were normal (Ca125 = 10, CEA = 1.9, Ca19.9 = 7). A decision was made to proceed with laparoscopic bilateral salpingo-oophorectomy.



**Figure 1** - Laparoscopic view of: (A) the normal right ovary and fallopian tube; and (B) the appendiceal mass later confirmed as a high grade appendiceal mucinous neoplasm

## Results

During the laparoscopic surgery, no right ovarian lesion was found, and all pelvic structures appeared normal (Figure 1A). An unexpected ~5cm solid white appendiceal mass was identified (Figure 1B), so the surgical team was called to assist intra-operatively. Both a bilateral salpingo-oophorectomy and appendicectomy were performed. Histopathology confirmed a high grade appendiceal mucinous neoplasm. The bilateral ovaries and fallopian tubes were normal.

## Discussion & Conclusion

Appendiceal mucinous neoplasms are rare and have varying malignant potential<sup>1</sup>. They are slightly more prevalent in females in the 5<sup>th</sup> and 6<sup>th</sup> decades of life<sup>2,3</sup>. Symptoms are generally non-specific, and together with the appendix's tubular shape and anatomical position, pre-operative diagnosis is difficult given the propensity of appendiceal mucinous neoplasms to mimic gynaecological lesions<sup>4</sup>. Thus, it is important to consider appendiceal mucinous neoplasms as a differential diagnosis when evaluating elderly female patients with pelvic masses.

### References:

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