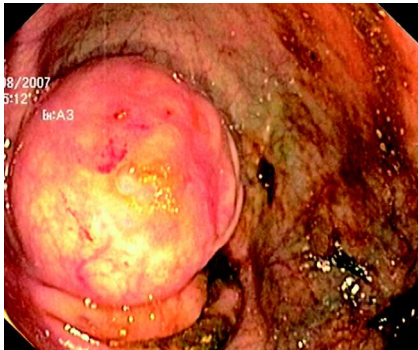
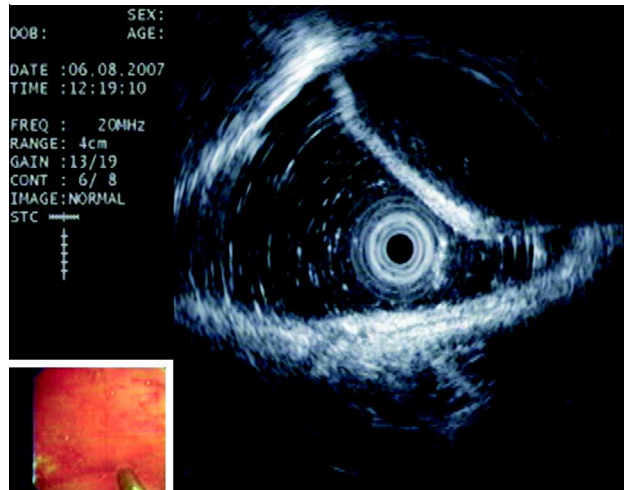


## Giant appendiceal mucocele mimicking gastrointestinal stromal tumor of the cecum



**Fig. 1** Colonoscopy revealed large submucosal mass covered with normal colonic mucosa.



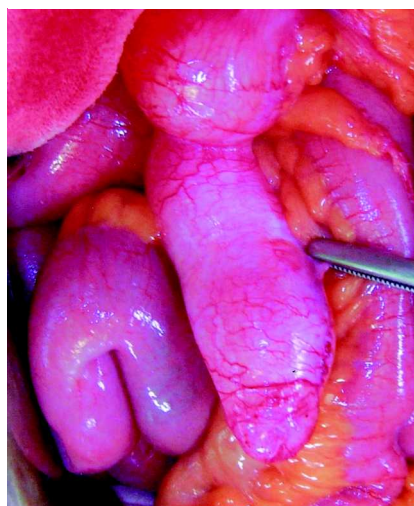
**Fig. 2** Endoscopic ultrasonography demonstrated a 4-cm well-circumscribed, hypoechoic, homogeneous lesion compressing the cecal wall.

A 54-year-old man presented with chronic abdominal pain and chronic diarrhea. He underwent a routine endoscopic examination. Colonoscopy demonstrated a huge submucosal tumor measuring  $4.2 \times 4.0 \times 5.0$  cm at the cecum (● Fig. 1). Endoscopic ultrasonography (EUS) using a miniprobe revealed a 4-cm well-circumscribed, hypoechoic, homogeneous lesion arising from the fourth sonographic layer (● Fig. 2), and the lesion was diagnosed as a large gastrointestinal stromal tumor (GIST) of the cecum. CT scan of the lower abdomen showed a cystic lesion compressing the cecum (● Fig. 3). The patient underwent an exploratory laparotomy and the intraoperative finding was of a giant appendiceal mass (● Fig. 4). Right hemicolectomy was performed and the pathological analysis confirmed a mucinous tumor of borderline malignancy with free surgical margins. The patient recovered well without any postoperative complications.

Patients with appendiceal mucocele usually manifest a variety of symptoms, but they can also be asymptomatic. Right lower quadrant pain is the most common symptom, occurring in 64% of patients [1]. Accurate preoperative diagnosis is rare, but it is possible using appropriate investigations. Endoscopically, this lesion appears as a submucosal mound with normal mucosa in the cecum. The classical appearance is of a “volcano sign” with the appendiceal orifice visible at the center of the mound [2,3]. The EUS finding was first described by using an ultrasonic probe to rule out colonic submucosal tu-



**Fig. 3** CT scan of the lower abdomen demonstrated a round, low-density, thin-walled, encapsulated mass at the cecum (arrow), about 5 cm in diameter.



**Fig. 4** Intraoperative photograph showing a large appendiceal mass.

mors such as carcinoids or lipoma prior to surgery [4,5]. Right hemicolectomy is a standard treatment and gives an excellent prognosis for these lesions. This case exemplifies the challenge of detection and the management of an appendiceal mucocele presenting as a large GIST of the cecum.

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