Villous Adenoma of the Appendix: A case report

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Villous adenoma of the appendix was found in an inflammatory mass in the ileocecal area. The patient presented with signs of acute abdomen. On an emergency basis, with an unprepared bowel, exteriorization of the ileocecal area was thought to be the procedure of choice.

VILLOUS adenomas in the gastrointestinal tract are predominantly located in the rectum and sigmoid with a smaller number occurring in the cecum and ascending colon. They have been described as occurring in Meckel's diverticula and in the vermiform appendix but both locations are rare. In the appendix they can present as acute appendicitis. The case reported here was located in the appendix of an elderly man who had symptoms of an acute abdomen.

Report of a Case

A 66-year-old paraplegic male was admitted through the emergency room with constipation of 2 days duration, right sided abdominal pain and a history of distension of the abdomen. He had vomited once at the onset of these symptoms 48 hours earlier. He had had similar episodes two years and also three years before the present attack. He was treated successfully with intravenous fluids and nasogastric suction. Four years prior to the present illness he was involved in an auto accident resulting in paraplegia and a neurogenic bladder. Chronic urinary tract infection was being treated with antibiotics and suprapubic cystostomy. Physical examination revealed an obese male with marked abdominal distension and tenderness in the right abdomen with some defense and guarding. The bowel sounds heard were of diminished intensity and frequency. Radiologic films of the abdomen revealed both small and large bowel distention and bilateral stag-horn calculus. White blood count at time of admission

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was 31,300 with 76% polymorphs and 16% immature forms. When abdominal exploration was performed, he was found to have a markedly dilated colon, and a small intestine. An inflammatory mass occupied the cecocappendicular area. The right kidney was enlarged. Ileocecal exteriorization was performed. His postoperative course was stormy with congestive cardiac failure and respiratory insufficiency which needed both tracheostomy and ventilatory assistance.

Pathological examination of the surgical specimen revealed a villous adenoma confined to the appendiceal lumen obstructing 80% of the lumen (Figure 1). There was no evidence of malignancy (Figure 2). The patient's condition slowly improved and he was discharged from the hospital 4½ weeks postoperatively.

Comment

In reviewing the literature, Hameed found 34 cases reported up to 1966. Appendiceal symptoms and active inflammation was present in 54.3% of tumors. The average age of patients was 45 years. In situ changes of malignancy were present in 22 of the 35 cases.

Because of the preinvasive nature of the tumor, a thorough microscopic examination of these tumors is necessary to rule out the malignancy. It appears that appendectomy may be adequate for a villous adenoma which does not show invasion of submucosa and which does not involve the line of resection. Ileocecal exteriorization should be performed on an emergency basis when there is a tumor mass indistinguishable from malignancy. If there is histologic evidence of malignancy at the time of surgery, a formal right colectomy should be performed.

References