

Appendiceal Intussusception Caused by Mucinous Cystadenocarcinoma

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An intussusception was first reported by Barbette in 1674, but an intussusception of the appendix was first reported in London, in 1858. Of all intussusceptions, 5% occur in adults, and of these 90% are as a result of a primary cause. Therefore, treatment is usually based on the primary cause. An intussusception of the appendix can be treated by barium or air reduction, or by an appendectomy, with manual reduction in pediatrics, but these are very uncommon in adult, and can be treated by various methods, according to the underlying cause. A 74 years old woman was preoperatively diagnosed, by radiological examination, to have an intussusception of the appendix. An exploratory laparotomy was performed, and the lesion confirmed as an intussusception caused by an appendix mass, which was cystic and filled with mucin. Therefore, a right hemicolectomy was performed, with the pathological results confirming a mucinous cystadenocarcinoma of the appendix. Here, we report a case of an adult intussusception of the appendix in a 74 years old woman. (*J Korean Surg Soc* 2003;64:348-352)

Key Words: Appendiceal intussusception, Mucinous cyst adenocarcinoma

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	1674	Barbette가	
(1)	, 1897	1858	M'Kidd가
McGraw		Wright, Renshaw, Pitts,	(2)
5%가		90%	
		(3)	74
74	5		



Fig. 1. simple Abdomen erect view. The small bowel loops are existed.

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가 6 3 kg .5 가
, 3
, 38
가
(Fig. 1)

가
(Fig. 2).
(Fig. 3).

가 가
(Fig. 4, 5).



Fig. 2. Abdomen USG. The target sign is existed.



Fig. 4. Operative finding. The appendix is intussuscepted into the cecum.



Fig. 3. Abdomen CT. The target sign is existed.



Fig. 5. Operative finding : after manual reduction of appendix. The appendix was distended.

REFERENCES

- 1) Barbette P. Ouevres Chirurgiques at anatomiques. Genova, Francois Miege; 1674 cited from Denis G, et al. Diagnosing and Managing adult intussusception. *Am J Surg* 1997;173:88.
- 2) Atkinson Go, Gay BB Jr, Naffis D. Intussusception of the appendix in children. *Am J Roentgenol* 1976;126:1164.
- 3) Iko BO, Teal JS, Siram SM. Computed tomography of adult colonic intussusception: Clinical and experimental studies. *Am J Roentgenol* 1984;143:769.
- 4) Hutchinson J. A successful case of abdominal section for intussusception. *Proc R Med Chir Soc* 1973;7:195-8, cited from Denis G, et al. Diagnosing and Managing adult intussusception. *Am J Surg* 1997;173:88.
- 5) Donhauser JL, Kelly EC. Intussusception in adults. *Am J Surg* 1950;79:6-11.
- 6) Lee SW, Lee KY. Intussusception in Adults-Summary of 40 Cases. *J Korean Surg Soc* 1969;11:711.
- 7) Song CW, Min JS, Kim CK. Intussusception in adults. *J Korean Surg Soc* 1976;18:765.
- 8) Kim DH, Chae GB, Choi WJ, Song TJ, Choi SY, Moon HY. Diagnosis and management of adult intussusception. *J Korean Surg Soc* 1998; 55:696-704.
- 9) Briggs DF, Carpathios J, Zollinger RW. Intussusception in adults. *Am J Surg* 1961;101:109.
- 10) Weibaecher D, Bolin JA, Hearn D, Ogden W. Intussusception in adults: review of 160 cases. *Am J Surg* 1971;121:531.
- 11) Yoon DS, Kim JS, Pai ST. A case of intussusception of the vermiform appendix. *J Korean Surg Soc* 1992;42:867-71.
- 12) Nagorney DM, Sarr MG, Mclirath DC. Surgical management of intussusception in the adult. *Ann Surg* 1981;193:230.
- 13) Cappell NS, Hassan T, Rosenthal S, Mascarenhas M. Gastrointestinal obstruction due to *Mycobacterium avium* intracellulare associated with the acquired immunodeficiency syndrome. *Am J Gastro* 1992;87:1823.
- 14) Danin JC, McCarry M, Coker R. Case report: Lymphoma causing small bowel intussusception in a patient with acquired immunodeficiency syndrome. *Clin Radio* 1992;46:350.
- 15) Meyerson S, Desai TK, Polidori G, Raval MF, Ehrinpreis MN. A case of intussusception and lymphoid hyperplasia in a patient with AIDS. *Am J Gastro* 1993;88:303.
- 16) Collins DC. 71,000 Human appendix specimens: a final report summarizing a 40 years study. *Am J Proctol* 1963;14:365-81.
- 17) Lim JH, Ko YT, Lee DH, Lee HW, Lim JW. Determining the site and causes of colonic obstruction with sonography. *Am J Roentgenology* 1994;163:1113.
- 18) Azar T, Berger DL. Adult intussusception. *Ann Surg* 1997;226: 134.
- 19) Kurt VB, Steidle B, Molzahn E. Invagination beim erwachsenen. *Fortschr Roentgenstr* 1993;158:314.
- 20) Coulier B, Pestieau S, Hamels J, Lefebvre Y. US and diagnosis of complete cecocolic intussusception caused by an appendiceal mucocele. *Eur Radio* 2002;12:324-8.
- 21) Kim SY, Lee GW, Kim JP. Surgical treatment of adult intussusception. *J Korean Surg Soc* 1983;25:1356-8.
- 22) Woo CA, Kim JY. A clinical study for the different in emergent exploratory laparotomy under the diagnosis of acute appendicitis. *J Korean Surg Soc* 1996;50:269-75.
- 23) Connor SJ, Hanna GB, Frizelle FA. Appendiceal tumor: retrospective clinicopathologic analysis of appendiceal tumors from 7970 appendectomies. *Dis Colon Rectum* 1998;41:75-80.
- 24) Deans GT, Spence RA. Neoplastic lesions of the appendix. *Br J Surg* 1995;82:229-306.
- 25) Nitecki S, Assalia A, Schein M. Contemporary management of the appendiceal mass. *Br J Surg* 1993;80:18-20.
- 26) Lee DS, Seo JJ, Ryu JW, Kim SC. Appendiceocecal Intussusception -A case report-. *J Korean Surg Soc* 1998;54:1042-5.