

Endoscopic Therapy of a Large Juvenile Polyp in Appendix Mimicking Precancerous Lesion

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A CASE

A 31-year-old woman with a history of longstanding dyspepsia had a large mass located in appendix on an abdominal computed tomography (Figure 1). She underwent a colonoscopy, which showed a normal appearing mucosa throughout from anorectum to cecum except for a single, 30-mm polypoid mass in the appendiceal orifice (Figure 2). A standard polypectomy snare was used to grasp the polyp with a “deflated lumen” technique.¹ The endoscopic polypectomy was performed to completely remove the lesion (Figure 3). Histologic findings of the resected specimen revealed a hyperplastic and cystically dilatation of glands containing numerous acute inflammatory cells. The glands demonstrated variation in size and shape. The epithelial-lined cysts appeared columnar, cuboidal



Figure 1 CT scan abdomen showed large appendiceal proliferative mass (black arrow) protruding into the cecum.

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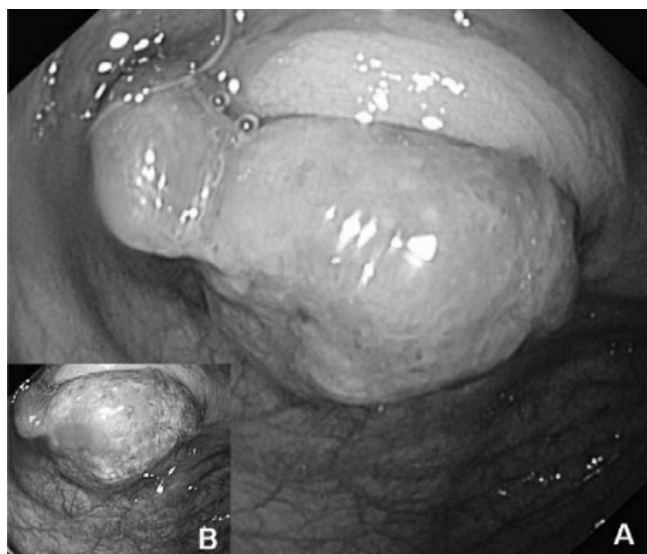


Figure 2 Colonoscopy showed large appendiceal polyp at the orifice (A) with NBI finding suspected precancerous lesion (B).

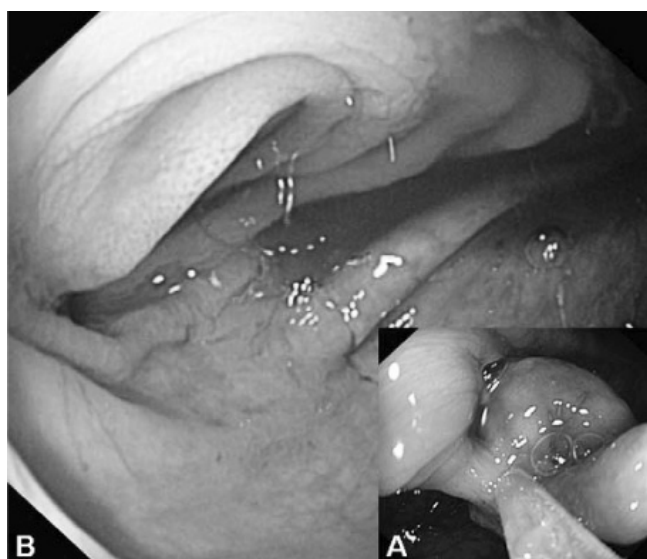


Figure 3 Endoscopic view after polypectomy with snare (A) showing no evidence of the residual tissue (B).

and flattened. Scattered smooth muscle fibers were also noted consistent with a juvenile (retention) polyp (Figure 4). A surveillance colonoscopy after a one year follow-up revealed neither a residual nor a recurrent lesion.

Juvenile polyp of the appendix is not quite often

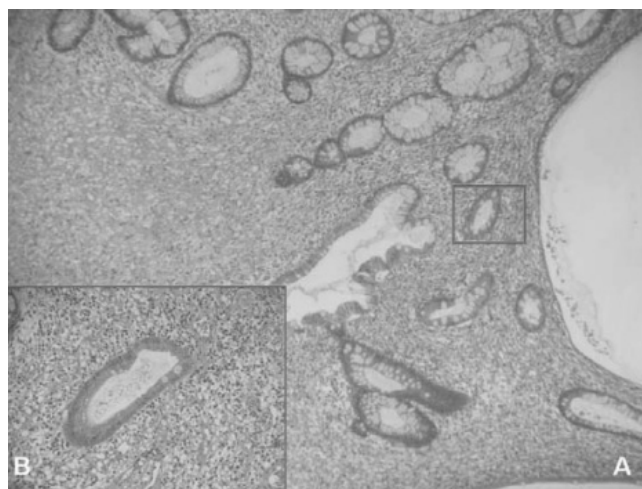


Figure 4 Histopathology revealed a hyperplastic and cystically dilatation of glands containing numerous acute inflammatory cells (A). The glands demonstrated variation in size and shape. Scattered smooth muscle fibers were also noted consistent with a juvenile (retention) polyp (B).

seen in adulthood.^{2,3} Endoscopic resection should be considered even when a macroscopic appearance of the polyp is not suspicious for malignancy.⁴ In case of adenomatous change and extends to margin of the lesion, laparoscopic cecectomy or appendectomy was recommended.⁵ The endoscopic polypectomy should be done first to avoid unnecessary right half colectomy in this situation.

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