Abstract

Intussusception of the appendix is a rare condition that can occasionally be observed at routine colonoscopy. Different clinical presentations have been described for appendiceal intussusception. Some mimic acute appendicitis, some present with typical symptoms of intussusception, and others are totally asymptomatic. Because it can be mistaken for a neoplastic lesion awareness of such lesions in differential diagnosis is important. Lack of proper diagnosis will lead to complications after endoscopic removal of such "polyps". Here we demonstrate a patient with asymptomatic intussusception of the appendix.

Keywords

Perforation, polyp

Materials

Endoscope: 3870 FK2, Pentax, Tokyo, Japan

Background and Endoscopic Procedure

Intussusception of the appendix may occur at any age and more than 200 cases of appendiceal intussusception have been reported in the literature [1]. Different clinical presentations have been described for appendiceal intussusception. Some mimic acute appendicitis, some present with typical symptoms of intussusception, and others are totally asymptomatic.

Because it can be mistaken for a neoplastic lesion awareness of such lesions in differential diagnosis is important. Lack of proper diagnosis will lead to complications after endoscopic removal of such "polyps".

At colonoscopy prolapsed appendices appear as a polyp covered with a regular mucosa, which may appear somewhat congested. Occasionally a dimple at the tip of the polyp might make it look like "foreskin and the glans". If the dimple get smaller on air insufflation the diagnosis of intussusception can be made with confidence. If in doubt about the nature of a any cecal polyp then the appendiceal orifice should be routinely identified to ensure that the polyp is not an inverted appendix.

Of note, in some cases pathological lesions within the appendix such as calcified fecalith [2] juvenile polyp [3], villus adenoma, mucocele, were reported to cause appendiceal intussusception. However, in most cases no underlying abnormality is identified and abnormal peristalsis caused by local irritation seems to be the essential mechanism. In the video case, there was no significant pathologic lead point for intussusception.
Key Learning Points and
Tips & Tricks

- To avoid iatrogenic complications it is important to distinguish intussuscepted appendices from true cecal polyps
- If in doubt about the nature of a any cecal polyp then the appendiceal orifice should be routinely identified

Scripted voiceover

The polypoid mass within the cecum is no true cecal polyp but an intussuscepted appendix that is covered with regular mucosa. It has a very typical appearance: A dimple at the tip of the polyp makes it look like "foreskin and the glans". Touching it with a biopsy forceps reveals the soft and elastic nature of the prolapse. Because it can be mistaken for a neoplastic lesion awareness of such lesions in differential diagnosis is important. Lack of proper diagnosis will lead to complications after endoscopic removal of such "polyps".

(Runtime of video: 23 sec)

References