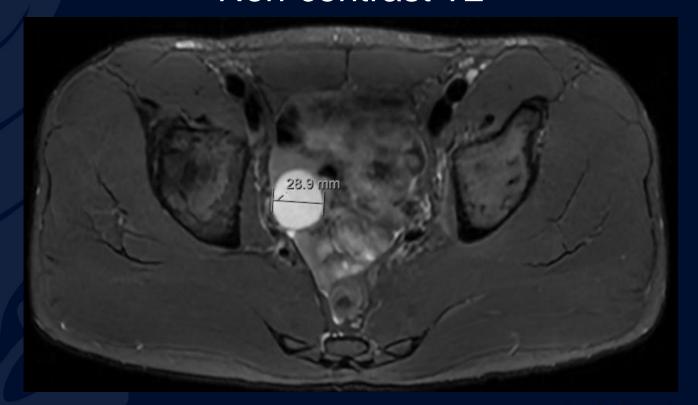
# 22-year-old male with history of inguinal hernia repair presenting with chronic mild-to-moderate RLQ pain

Will Martin, MS3



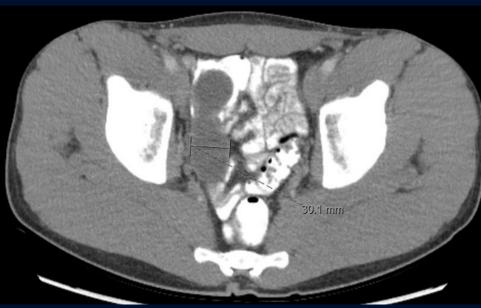
### Non-contrast T2





### **CT Oral Contrast**







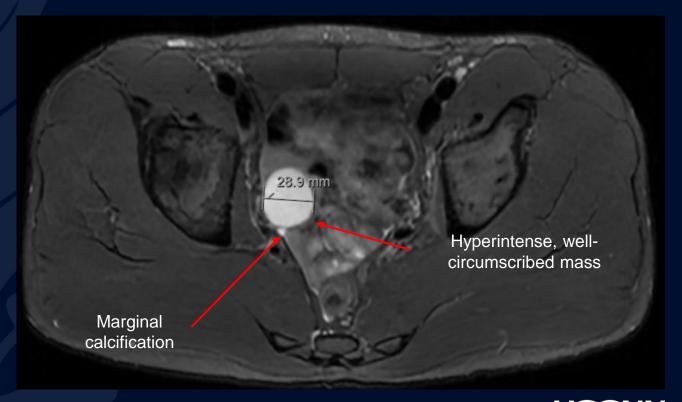




## Mucocele of Appendix

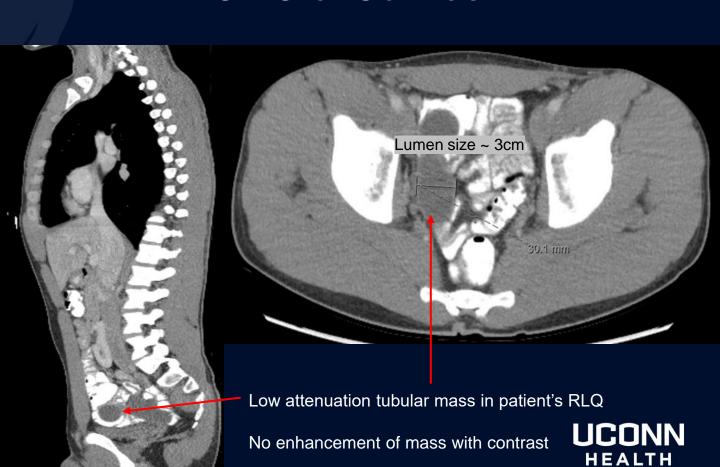


#### Non-contrast T2





#### **CT Oral Contrast**



**RADIOLOGY** 

#### Mucocele of Appendix

Dilation of appendix due to mucin build-up

 Usual cause is epithelial proliferation, but can be due to inflammation or obstruction of appendix

- Benign mucocele is a nonaggressive mucinous neoplasm spectrum

vs more aggressive mucinous adenocarcinoma

 Presentation is not uniform and may be asymptomatic and discovered incidentally. Most common presenting chief complaint is RLQ pain which can be acute or chronic

 Diagnosis: CT with contrast is most specific method of diagnosis due to ability to detect hallmarks of mucocele in the appendix:

- Lumen of >1.3 cm
- Cystic dilatation
- Wall calcification
- Treatment: Appendectomy/surgical resection with care not to spill mucinous contents into peritoneal cavity
  - Further resection of bowel is determined based on pathology of frozen section during the case. Right hemicolectomy can be warranted in severe circumstances when high-grade malignancy is found



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