



Acute appendicitis with neuroendocrine tumor G1 (carcinoid): pitfalls of conservative treatment

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Abstract:

Appendectomy is widely accepted as the first-line treatment for acute appendicitis in the absence of abscess formation and peritonitis. However, controversy remains over the therapeutic options after conservative treatment. Here, we describe a case of neuroendocrine tumor G1 (NET G1; carcinoid) that was found by performing interval appendectomy after successful conservative treatment.

A man in his early 30s presented to our clinic with right lower abdominal pain. Computed tomography (CT) and ultrasonography (US) revealed a swollen appendix and an appendicolith. Abscess formation was not observed but ongoing appendiceal rupture was not ruled out. Three months after successful conservative therapy, the lumen of the apical portion was kept dilated and laparoscopic interval appendectomy was performed. No tumorous findings were observed macroscopically. However, by histology, many tiny nests were found infiltrating the submucosa, muscular layer, and subserosa at the root of the appendix. Appendiceal neuroendocrine tumor G1 (NET G1; carcinoid) was diagnosed immunohistologically. Neither CT nor US visualized the tumor because of its non-tumor-forming but infiltrative growth. In conclusion, after successful conservative treatment, interval appendectomy should be considered to uncover possible appendiceal NET G1 (carcinoid), particularly when dilatation of the distal lumen being kept observed.



Biography:

AHiroyuki A. Watanabe received MD at the age of 26 years. He studied pathology and he received Dr. of Med. Science at the age of 30years from Showa University School of Medicine in Tokyo. He published about 50 papers in journals in gastroenterological field.

Publication of speakers:

1. Refractory heart failure and intermittent claudication secondary to supra-renal coral reef aorta
2. A case of challenging percutaneous coronary intervention following surgical aortic valve replacement with a sutureless aortic bioprosthesis
3. Angioscopic Findings on 15-Month Follow-Up for Interwoven Nitinol Stent Invagination in the Femoropopliteal Artery
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