Journal of SURGICAL ARTS
CERRAHİ SANATLAR DERGİSİ
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1308-0709

Case report

Ovarian cyst mimicking appendiceal mucocele

Apendiks mukoselini taklit eden over kisti

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ABSTRACT

Right lower quadrant pain is a common symptom encountered in surgical practice. In some cases, the diagnosis may not be clear. Many diseases can mimic surgical conditions and lead to unnecessary or inappropriate surgical treatment. Ovarian cyst is one of these conditions and is a common gynecological problem that can be seen in women of all ages. Radiologically, it can mimic appendiceal mucocele. The aim of this article is to present a case of ovarian cyst mimicking appendiceal mucocele and to discuss the importance of differential diagnostic reflections and appropriate treatment.

Keywords: Appendiceal mucoceles; ovarian cyst; mimicking.

ÖZET

Sağ alt kadran ağrısı cerrahi uygulamalarda sık karşılaşılan bir semptomdur. Bazı durumlarda tanı net olmayabilir. Birçok hastalık cerrahi durumları taklit edebilir ve gereksiz veya uygunsuz cerrahi tedaviye yol açabilir. Yumurtalık kisti bu durumlardan biridir ve her yaştan kadında görülebilen yaygın bir jinekolojik sorundur. Radyolojik olarak apendiks mukoselini taklit edebilir. Bu makalenin amacı apendiks mukoselini taklit eden bir yumurtalık kisti vakasını sunmak ve ayırıcı tanı yansımalarının ve uygun tedavinin önemini tartışmaktır.

Anahtar kelimeler: Apendiks mukoseli; over kisti, taklit.

CASE

A 44-year-old female patient presented to the general surgery clinic with right lower quadrant pain for 2 months. Abdominal examination was unremarkable. Abdominal ultrasonography (USG) revealed a tubular lesion with blind-ending vascularization measuring 60x13 mm in the right iliac fossa, which could be an enteric duplication cyst or a conglomerate LAP. Abdominal CT revealed a tubular cystic appearance measuring 45 x 15 mm in the right lower quadrant in the pericecal area, extending to the right adnexial loge. The lesion was localized in the distal appendix and appendiceal mucocele was considered in the differential diagnosis (Figure 1).

Laparotomy revealed that the appendix was of normal size. A cystic lesion measuring approximately 50 mm was observed in the right lower quadrant, adjacent to the cecum, and was found to originate from the right ovary (Figure 2). Peroperative consultation was requested from the gynecology clinic. It was observed that the mass lesion was a cyst of right ovarian origin, without perforation or hemorrhage. No intervention was considered. After obtaining peroperative consent from the patient's husband, conventional appendectomy was performed.

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How to cite: Atalay S. Ovarian cyst mimicking appendiceal mucocele. J Surg Arts 2025;18(1):26-27.
Received: 03.06.2024
Accepted: 31.10.2024

There were no additional problems in the postoperative period. The patient was discharged on the 3rd postoperative day.

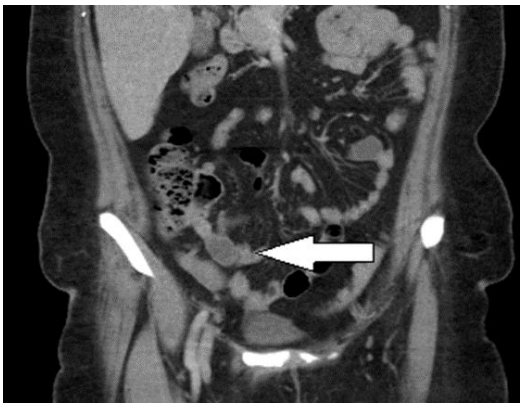

Figure 1: CT image of the mucocele (Arrow).

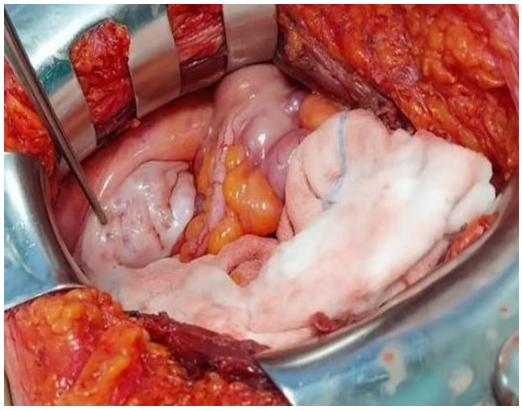

Figure 2: Perioperative view of the mucocele.

DISCUSSION

Appendiceal mucocele and ovarian cyst are two important conditions that should be considered in the differential diagnosis of women presenting with right lower quadrant pain (1-3). Appendiceal mucocele typically occurs in women over 50 years of age and usually causes symptoms such as right lower quadrant pain, nausea, and vomiting. Ovarian cysts are more common in women of reproductive age and are often asymptomatic. When symptomatic, ovarian cysts can also cause symptoms such as right lower quadrant pain, abdominal bloating, and dysmenorrhea (4-7).

Radiological studies play an important role in the differential diagnosis between appendiceal mucocele and ovarian cyst. USG and CT can be helpful in characterizing appendiceal mucocele and ovarian cyst (6-8).

In this case, the patient's age and symptoms suggested appendiceal mucocele. A mass compatible with appendiceal mucocele was detected on abdominal USG and CT. However, laparotomy revealed that the mass originated from the right ovary.

Conclusion

Appendiceal mucocele and ovarian cyst can present with similar clinical and radiological findings. Careful history taking, physical examination, and radiological evaluation are essential for the differential diagnosis. Laparoscopy or laparotomy may be necessary for definitive diagnosis and treatment.

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