PSEUDOMYXOMA PERITONEI – AN ENDOSCOPIC IMAGE

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A 61-year-old male presented to our department with a history of worsening abdominal distention for the past 1 month. Initial ultrasound abdomen showed debrinous ascites with loculations. A computed tomography (CT) imaging of the chest and abdomen was done with I/V contrast that showed gross peritoneal thickening and omental cake formation with deposits in peritoneum suggestive of pseudomyxoma peritonei. CT-guided biopsy of the omentum was performed which was reported as metastatic mucinous adenocarcinoma of unknown primary.

The patient was planned for upper and lower gastrointestinal (GI) endoscopies to rule out primary tumour in the GI tract. Upper GI endoscopy was normal; however, colonoscopy showed polypoidal growth at the orifice of appendix [Figure 1]. Multiple biopsies were taken. A laparotomy was performed which showed massive ascites with myxomatous fluid and omental cake formation. In addition to this, there was a nodular mass involving the appendix. A limited right hemicolectomy, omentectomy and debulking surgery were performed. Histopathology of the appendix showed mucinous adenocarcinoma. The patient was discharged home after a week with an appointment in medical oncology clinic for adjuvant treatment.

Pseudomyxoma peritonei is a rare disease process characterised by copious amount of mucinous ascites and histologically bland peritoneal mucinous tumour.[1] It is mostly appendicular in origin. The treatment option for this tumour includes repeated abdominal surgeries and cytoreductive approach, which includes intraoperative and perioperative chemotherapy.[2,3] The overall prognosis is guarded and only a small percentage of the patients are alive at 5 years.[1,2] In conclusion, pseudomyxoma peritonei is a rare disease, usually of appendiceal in origin and can be diagnosed effectively on colonoscopy.

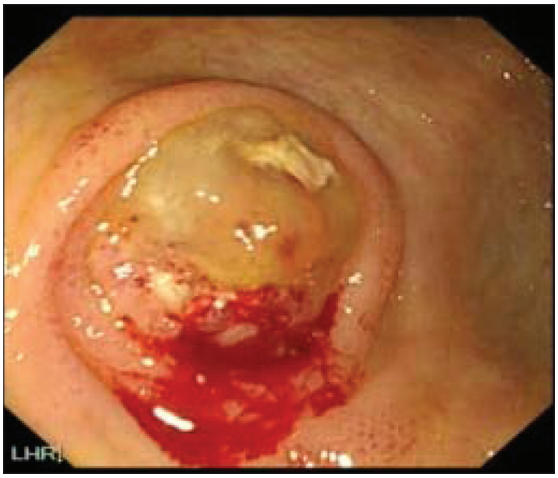

Figure 1: Colonoscopic image showing tumour of the appendix

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Conflict of Interest

The authors declare that they have no conflict of interest.

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