

Introduction

- Appendiceal inversion occurs when the appendix is pulled the lumen of the cecum and can be an uncommon incidental finding on colonoscopy.
- When found, they may present as a diagnostic challenge to the endoscopist, as they may be mistaken as a colon polyp or even a neoplasm due to its appearance.

Initial Case Presentation

Patient	<ul style="list-style-type: none"> • 75 year old woman with history of hypertension, hysterectomy, and reported hemorrhoids
Presentation	<ul style="list-style-type: none"> • Presented to gastroenterology clinic after having a positive Cologuard test • No known family history of colorectal cancer
Initial Workup	<ul style="list-style-type: none"> • Initial colonoscopy performed showed a “large, polypoid lesion protruding from the appendiceal orifice” • Forceps biopsies of the lesion revealed normal mucosa
Next Steps	<ul style="list-style-type: none"> • Referred to interventional endoscopy for possible removal of the lesion • Underwent repeat colonoscopy for re-evaluation of the lesion

Endoscopic Findings

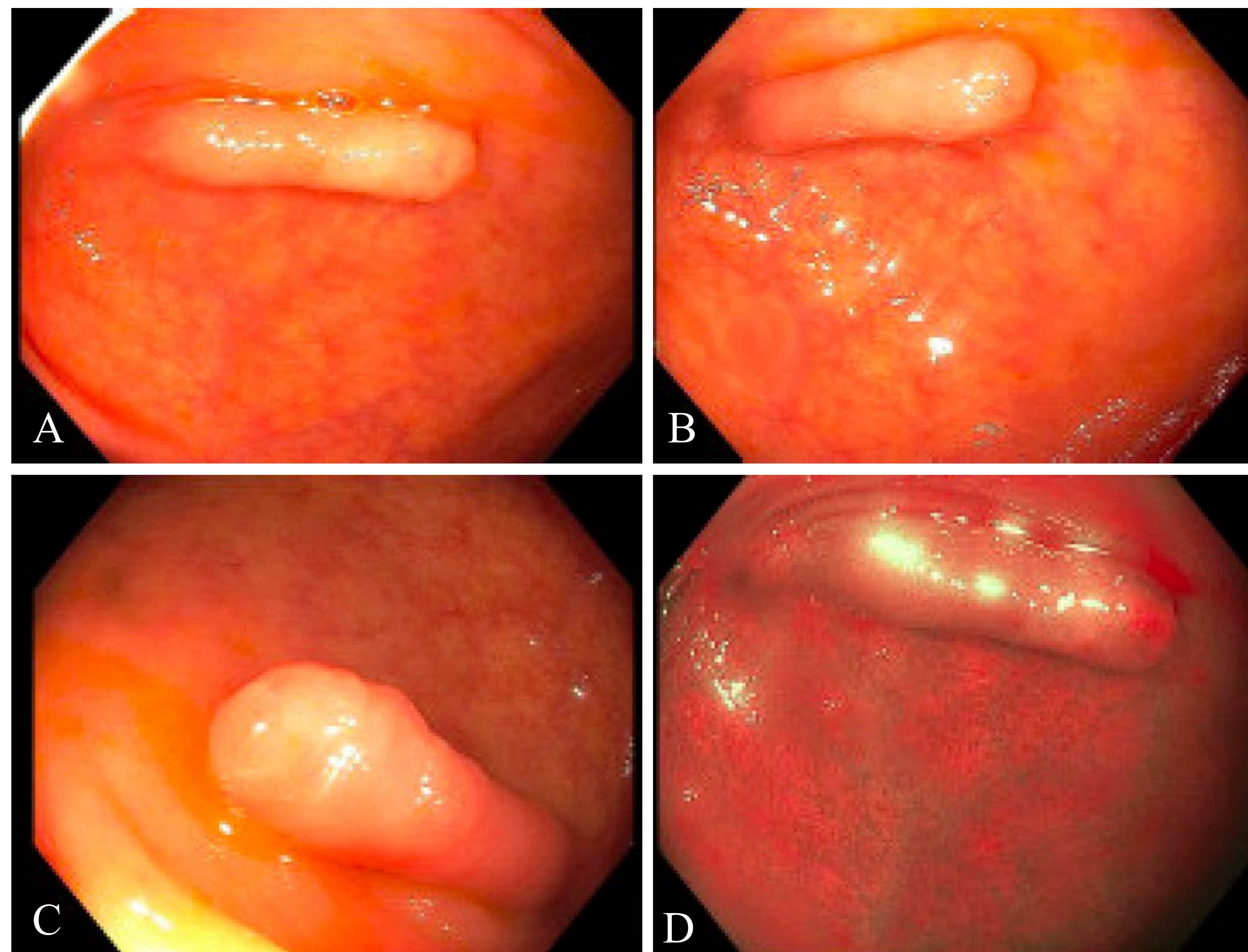


Figure 1. Endoscopic findings of an appendiceal inversion. Images A, B, C under white light endoscopy reveal no ulcerations or masses. Image D under narrow-band imaging reveals normal microvasculature and microsurface patterns along the lesion.

Subsequent Workup

- CT abdomen/pelvis was performed after colonoscopy with **no evidence of bowel obstruction or mass and a normal appearing appendix**
- Repeat biopsies of the lesion again returned as **normal mucosa**

Discussion

- At present, there are **no definitive guidelines** on the workup of suspected appendiceal inversions.
- Appendiceal inversions may occur due to **benign causes**
 - Iatrogenic – after open appendectomy
 - Congenital
- However, they may also be **associated with adenomas and neoplasms**
- Removal of these lesions has been associated with **peritonitis and significant bleeding**
- Suggested steps in the diagnostic workup include:
 - Thorough surgical history
 - Endoscopic evaluation
 - Assess for surrounding inflammation
 - **Narrow band imaging**
 - Biopsy of the lesion → perform with caution
 - Diagnostic imaging
 - **CT imaging**
 - Prior case reports have reported identification of mucinous neoplasms on CT following colonoscopy
 - In this patient, CT imaging did not reveal any underlying malignancy

References

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