Intussusception of the Appendix

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Abstract

Intussusception of the appendix is a rare condition that can occasionally be observed at routine colonoscopy. Different clinical presentations have been described for appendiceal intussusception. Some mimic acute appendicitis, some present with typical symptoms of intussusception, and others are totally asymptomatic. Because it can be mistaken for a neoplastic lesion, awareness of such lesions in differential diagnosis is important. Lack of proper diagnosis will lead to complications after endoscopic removal of such polyps. Here we demonstrate a patient with asymptomatic intussusception of the appendix. This article is part of an expert video encyclopedia.

Keywords

Perforation; Polyp; Standard endoscopy; Video.

Video Related to this Article

Video available to view or download at doi:10.1016/S2212-0971(13)70166-3

Techniques

Colonoscopy.

Materials

Endoscope: 3870 FK2, Pentax, Tokyo, Japan.

Background and Endoscopic Procedure

Intussusception of the appendix may occur at any age, and more than 200 cases of appendiceal intussusception have been reported in the literature. Different clinical presentations have been described for appendiceal intussusception. Some mimic acute appendicitis, some present with typical symptoms of intussusception, and others are totally asymptomatic.

Because it can be mistaken for a neoplastic lesion, awareness of such lesions in differential diagnosis is important. Lack of proper diagnosis will lead to complications after endoscopic removal of such polyps.

At colonoscopy, prolapsed appendices appear as a polyp covered with a regular mucosa, which may appear somewhat congested. Occasionally a dimple at the tip of the polyp might make it look like foreskin and the glans. If the dimple gets smaller on air insufflation, the diagnosis of intussusception can be made with confidence. If in doubt regarding the nature of a cecal polyp, then the appendiceal orifice should be routinely identified to ensure that the polyp is not an inverted appendix.

Of note, in some cases pathological lesions within the appendix such as calcified fecalith, juvenile polyp, villous adenoma, and mucocele, were reported to cause appendiceal intussusception. However, in most cases no underlying abnormality is identified and abnormal peristalsis caused by local irritation seems to be the essential mechanism. In the video case, there was no significant pathologic lead point for intussusception.

Key Learning Points/Tips and Tricks

- To avoid iatrogenic complications, it is important to distinguish intussuscepted appendices from true cecal polyps.
- If in doubt regarding the nature of any cecal polyp, then the appendiceal orifice should be routinely identified.

Scripted Voiceover

The polypoid mass within the cecum is no true cecal polyp, but an intussuscepted appendix that is covered with regular mucosa. It has a very typical appearance: a dimple at the tip of the polyp makes it look like foreskin and the glans.

Touching it with a biopsy forceps reveals the soft and elastic nature of the prolapse.

Because it can be mistaken for a neoplastic lesion, awareness of such lesions in differential diagnosis is important. Lack of proper diagnosis will lead to complications after endoscopic removal of such polyps.

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References