CASE REPORT

Appendicitis masquerading as malignancy

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Ultrasound showed a 10 cm mass with dense calcification and cystic elements arising from the right iliac fossa; ovarian teratoma or torsion were suspected.

At laparotomy a large pelvic abscess was drained. The appendix could not be identified. Peritoneal cultures grew Streptococcus constellatus. Cefotaxime and metronidazole were continued for five days and the patient discharged on day 7.

DISCUSSION

Pelvic malignancy clearly must be considered in children presenting with chronic malaise and a lower abdominal mass. Two of the patients described had been symptomatic for several weeks with associated weight loss, and findings of large complex pelvic masses on imaging prompted the diagnosis of ovarian tumour. Calcification, seen in one case, is also suggestive of malignancy in this context. However, germ cell tumours are uncommon, with an incidence of 4 per million, and ovarian tumours account for only 30% of these.

In contrast, appendicitis is the most common surgical emergency in childhood and it is estimated that an appendix mass is discovered in 10% of children at presentation. Recognised presenting features include abdominal pain, fever, bowel disturbance, and urinary symptoms, which were present in our cases to varying degrees. However, these symptoms can be minimal, such that they are overlooked, or absent completely.

Appropriate management of these two conditions is markedly different. Complex inflammatory appendix masses may reasonably be treated in the first instance with broad
spectrum antibiotics. In cases of malignancy the onus is on tissue diagnosis followed by apposite oncological treatment. There are few reported cases of inflammatory appendix masses masquerading as pelvic tumours in children. Conversely pelvic tumour has been reported to mimic complex appendicitis in adults.

This series indicates that pelvic tumours cannot be reliably distinguished from inflammatory appendix masses despite expert ultrasonography. Furthermore our experience has shown that CT and MRI may similarly be unable to make this distinction.

Childhood appendicitis may mimic pelvic malignancy clinically and radiologically. Paediatricians, surgeons, and oncologists should be alert to the possibility of appendicitis when counselling patients and parents.

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REFERENCES