McSwain type V appendix intussusception

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DESCRIPTION

Intestinal intussusception consists of distal migration of a segment from the intestine to the adjacent intestinal lumen. Appendicular intussusception (AI) is a rare disease that constitutes a clinical challenge. The incidence of AI is estimated at 0.01%.¹ It is five times more frequent in men.² Despite imaging and endoscopic advances, diagnosis remains a difficult challenge. The presentation of AI varies from asymptomatic to chronic pain.³ This case reports a 33-year-old woman with past gastro-oesophageal surgery and complementary appendectomy, which was evaluated for the chronic pain in the right lower quadrant. Colonoscopy (figure 1A,B) revealed intussusception of appendix type V. A laparoscopic caecum resection was performed. The postoperative was uneventful. Histology revealed AI with lumen obliteration by foreign body (suture of previous intervention).

McSwain's classification is anatomical based on the region of the appendix that undergoes intussusception. Type V is defined as a complete invagination of the appendix in the caecum.¹ The anatomical causes are (a) mobile appendicular wall, capable of presenting active peristalsis; (b) large appendicular lumen, with the proximal lumen of larger diameter than that of the distal portion; and (c) foetal-type blind.² Pathological causes are (a) foreign body-fecaliths or parasites; (b) inflammation-endometriosis or follicular lymphoid hyperplasia; (c) neoplasia-carcinoid tumour, carcinoma, mucocele, polyp, papilloma, fibroma, lipoma, cysts or blind adenocarcinoma; and (d) invagination of the appendiceal stump after appendectomy.⁴ The approach can range from simple appendectomy to right colectomy if there are signs of obstruction.¹

Contributors MS wrote the manuscript. JC made the diagnosis. PL performed the surgery and reviewed the work.



Figure 1 Colonoscopy: (**A**, **B**) finger-like polypoid tumour.

Learning points

- Al should be considered in the workup of chronic abdominal pain in women.
- Al is a preoperative diagnosis, aided by colonoscopy.

Competing interests None declared.

Patient consent Obtained.

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