



APPENDICEAL INVERSION- RARE AND CONFUSING!

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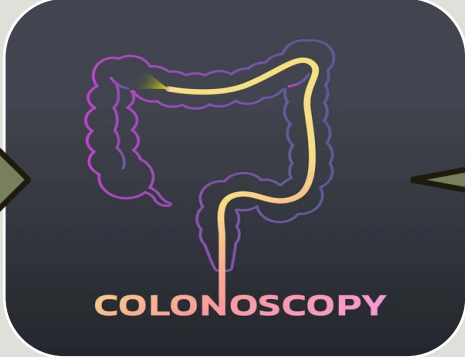
WHAT STARTED THE CONFUSION?

- 60-year-old female
- Past medical history of Chromophobe Renal Cell Carcinoma leading to nephrectomy in March 2023.
- No specific bowel symptoms.
- Bloods revealed:
 - ❖ Iron deficiency anemia.

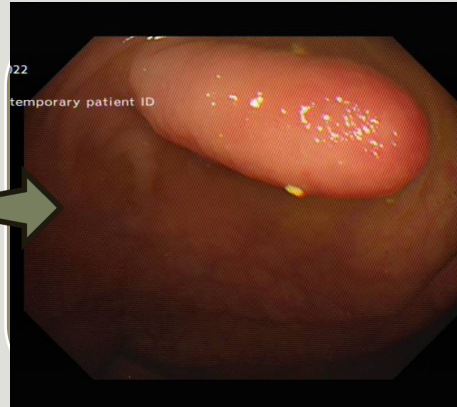


***Positive Faecal
Immunochemical
(FIT) test result.***

Positive FIT test



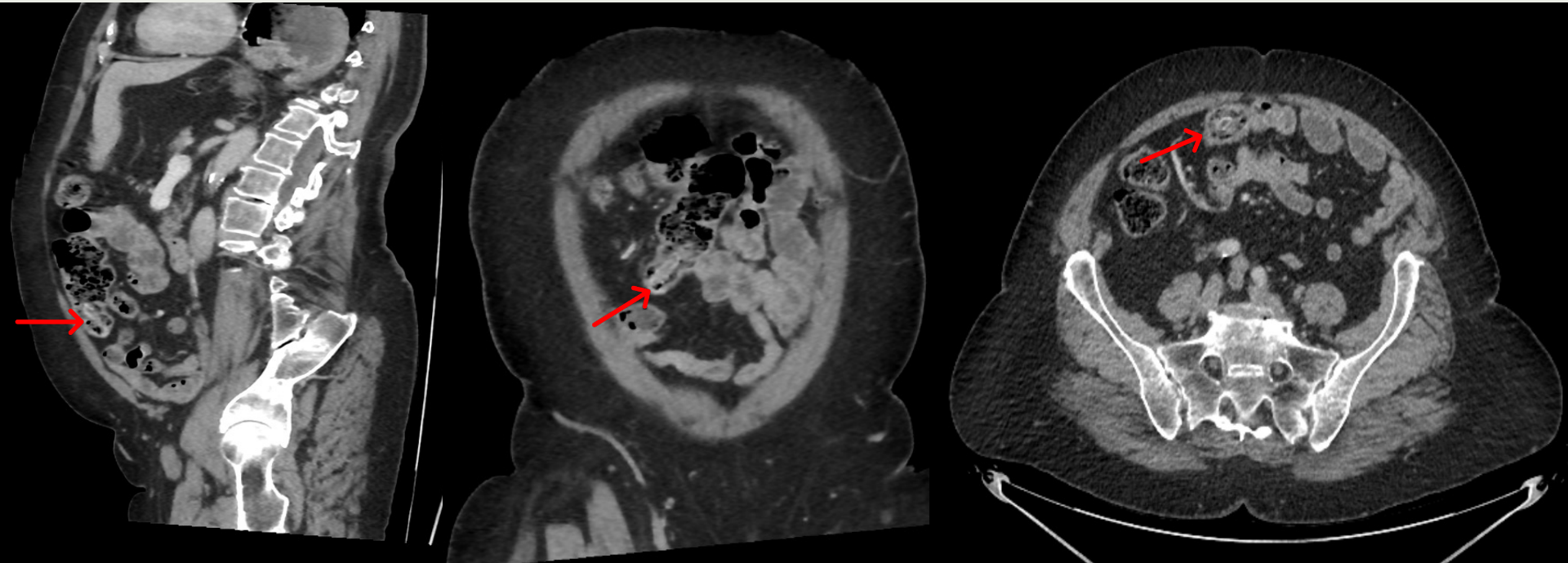
COLONOSCOPY



COLONOSCOPY:

- *Atypical fold in the caecum, close to the appendicular orifice.*
- *The rest of the bowel was unremarkable.*

CT FINDINGS



- CT revealed a caecal intraluminal tubular structure.
- The appendix itself was not visualized at the caecal pole.

Findings are consistent with:

***“Appendiceal inversion” that mimicked a
fold on colonoscopy.***

RARE AND POORLY UNDERSTOOD

- Appendiceal inversion happens when the appendix segment is pulled into itself or the caecum.
- As a result, it can be overlooked and can mimic other pathology like polyps and atypical masses.



KEY LEARNING POINTS

- Important entity to recognize in order to avoid unnecessary invasive and potentially harmful investigations.
- Should be differential diagnosis of a polypoid lesion in the region of the appendix, especially when lacking the typical appearance of a neoplasm.

REFERENCES

- Waterland P., Khan F.S. The iatrogenic caecal polyp: can it be avoided? *BMJ Case Rep.* 2015;2015:bcr2015209378. [PMC free article] [PubMed] [Google Scholar] Waterland P., Khan F.S. The iatrogenic caecal polyp: can it be avoided? *BMJ Case Rep.* 2015;2015:bcr2015209378. doi:10.1136/bcr-2015-209378. [PMC free article] [PubMed]
- Johnson E.K., Arcila M.E., Steele S.R. Appendiceal inversion: a diagnostic and therapeutic dilemma. *JSL.* 2009;13(1):92–95. [PMC free article] [PubMed] [Google Scholar] Johnson E.K., Arcila M.E., Steele S.R.. Appendiceal inversion: a diagnostic and therapeutic dilemma. *JSL.* 2009;13(1):92–95. [PMC free article] [PubMed]