



# Case reports & voting

## Appendiceal cancer

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# Disclosures

**The authors have no conflicts of interest and no financial relationships to disclose**

# Case presentation

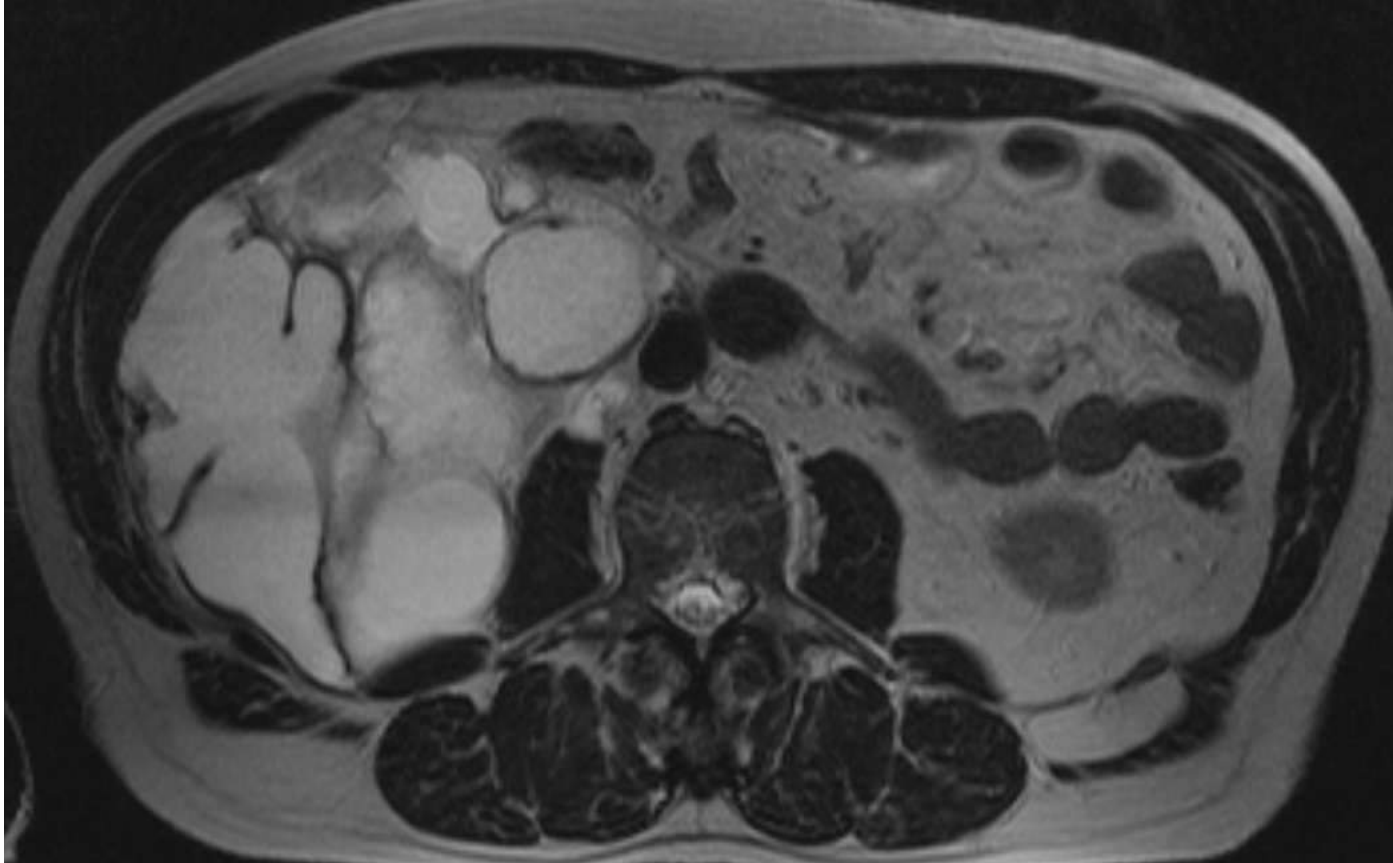
- W.B., m., 73 y -

## Symptoms (Feb 2017):

- Pain in right abdomen, no weight loss, no aneamia, no ascites
- Otherwise healthy
- Tumour marker neg. (CEA)
- Previous operations:
  - appendectomy >25 years ago (perforated appendicitis)
- CT-scan, MRI
- CT guided biopsy Feb 2017
- Referred to our department

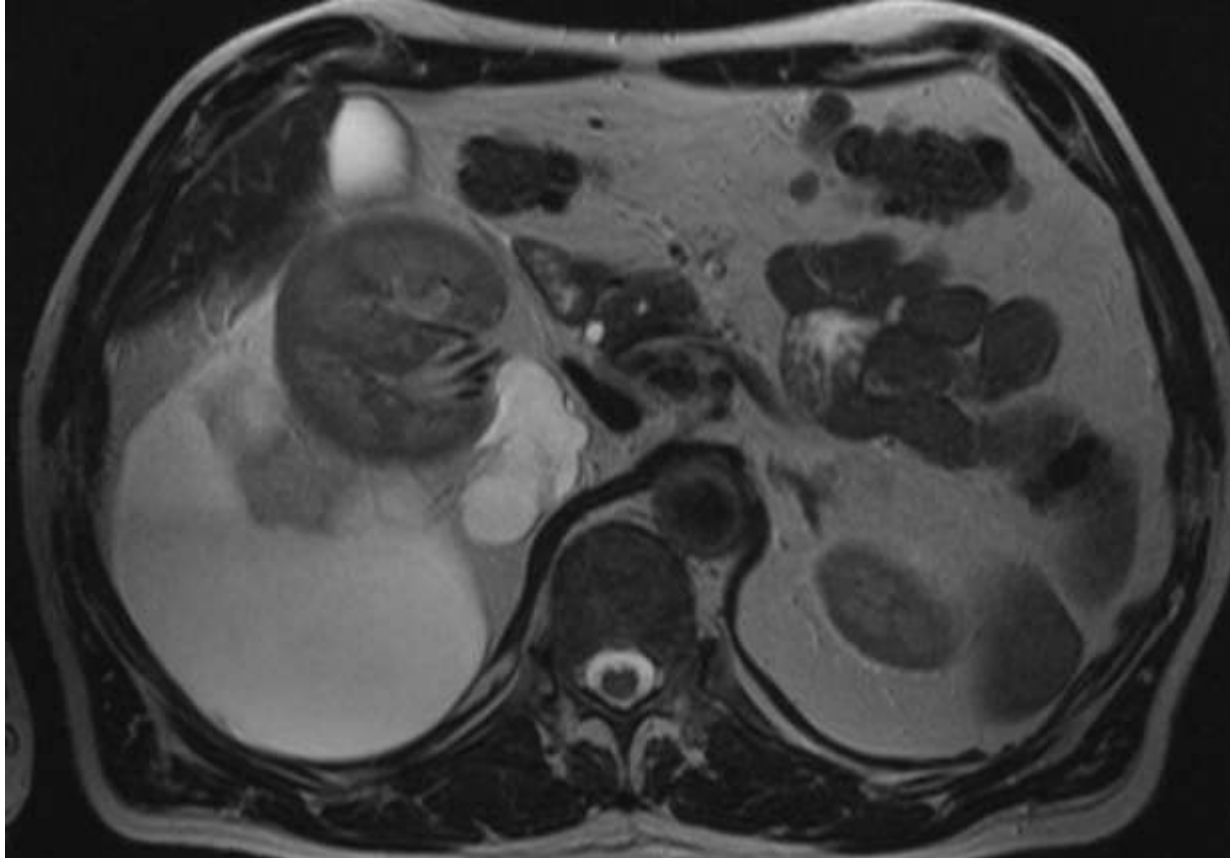
# MRI scan

- W.B., m., 73 y -



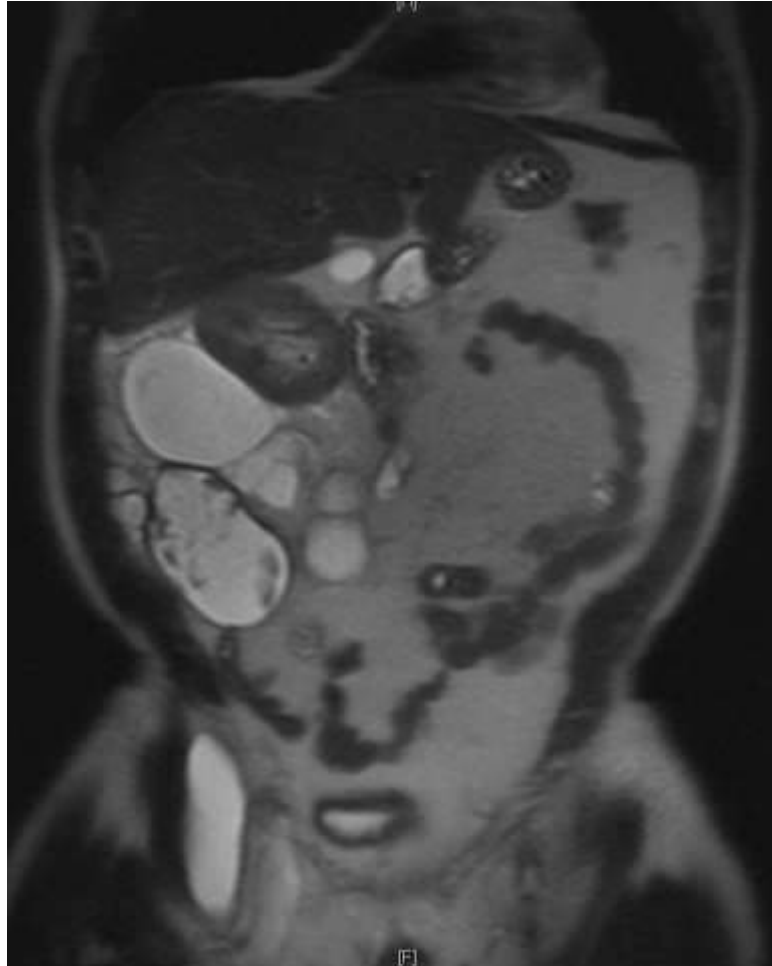
# MRI scan

- W.B., m., 73 y -



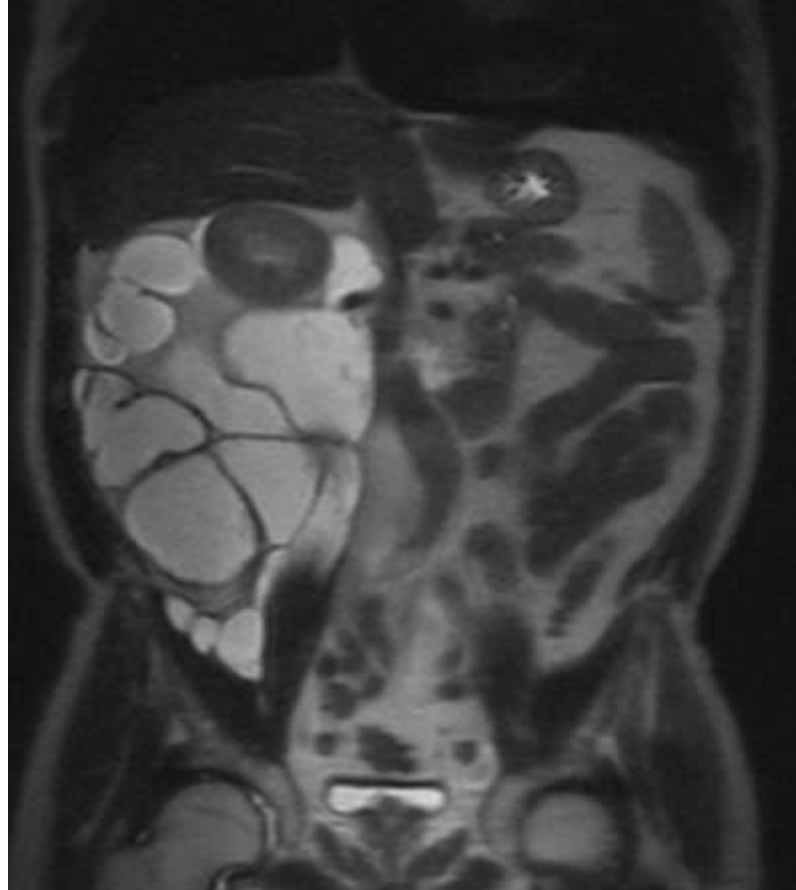
# MRI scan

- W.B., m., 73 y -



# MRI scan

- W.B., m., 73 y -



# CT guided biopsy

- *W.B., m., 73 y* -

## Histopathology:

**Small and few epithelial cells, some macrophages**

# Question 1

*- Interdisciplinary tumor conference -*

**What kind of tumor does the patient have?**

- A**                      **cystic lymphangeoma**
- B**                      **teratoma**
- C**                      **cystadenoma**
- D**                      **LAMN**
- E**                      **appendiceal carcinoma**

# Question 2

*- Interdisciplinary tumor conference -*

**How would you treat the patient?**

- A                      wait and see
- B                      CRS
- C                      CRS and HIPEC**
- D                      chemotherapy
- E                      any other concept

# Operation

- W.B., m., 73 y -

**Explorative Laparotomy, parietal peritonectomy (right and left lateral), omentectomy, right nephrectomy, right hemicolectomy, partial resection of musculus psoas**

**Ileotransversostomy**

**HIPEC (Cisplatin 75mg/m<sup>2</sup> and Mitomycin 15mg/m<sup>2</sup>)**

**PCI 6 (en bloc), CC 0**

# Operation

- W.B., m., 73 y -



# Operation

- W.B., m., 73 y -



# Postoperative course

- W.B., m., 73 y -

- **uneventful**
- **Lesion of N. cut. fem. lat.**
- **discharged on POD 9**
- **Histopathology:**  
**LAMN, mutation KRAS gene (p.G12V), NRAS-wildtype**
- **3 months postoperative:**  
**patient is well, still neurologic hypaesthesia**



**Thank you for your attention**