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Incidental Appendectomy at Colectomy for Cancer in Nigeria

Wilson I. B. Onuigbo*

Department of Pathology, Medical Foundation and Clinic, 7 Nsukka Lane, Enugu 410000, Nigeria

*Corresponding author: Wilson I. B. Onuigbo, Department of Pathology, Medical Foundation and Clinic, 7 Nsukka Lane, Enugu 410000, Nigeria, E-mail: wilson.onuigbo@gmail.com

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Abstract

Incidental appendectomy is of worldwide interest. For instance it was also documented with particular reference to whether it is useful in salpingectomy cases as well as during ovariectomy for corpus luteum hemorrhage. Therefore, the present paper documents the microscopical appearances in the appendix in cases of colectomy for adenocarcinoma. On the whole, to see a normal appendix was uncommon.

Keywords: Appendix; Appendectomy; Incidental; Bowel; Cancer; Nigeria

Introduction

Incidental appendectomy is of worldwide interest [1,2]. Concerning it, publications from this center referred to whether it is useful during ectopic tubal excisions [3] and also how it relates to ovariectomy for teratoma [4]. Accordingly, this paper documents related cases found during colectomy for cancer among the Ethnic Group called the Igbos of South-Eastern Nigeria, West Africa [5]. This is possible because, as a Birmingham (UK) group stated, the establishment of a histopathology data pool facilitates epidemiological analysis [6].

Investigation

From 1970, after the Nigerian Civil War subsided, the author was privileged to be the pioneer pathologist at the Eastern Regional Pathology Laboratory. This provided the opportunity to collect biopsy specimens from practitioners, the only conditionality being their supply of useful clinical details. The cases have been manually retrieved and analyzed with reference to those in whom the performance of colectomy for cancer was combined with appendectomy.

Result

Table 1 shows broadly that bowel carcinoma is much commoner in males and among the younger elements, seeing that the ages ranged from 30 to 66 years (mean 44 years). It was uncommon to come across a normal appendix, the majority

displaying chronic cell infiltration of the subserosa. The incipient phase was apparent in the 2 cases in which crypt abscess formation had occurred.

Table 1: Age/sex distribution and appendix lesions.

No.	Initials	Age	Sex	Microscopy
1	AG	30	M	Muscle heavily infiltrated with eosinophils
2	OE	30	M	Crypt abscesses
3	OE	33	M	Deposit, crypt abscess
4	OA	50	M	Periappendicitis
5	UC	32	M	Periappendicitis
6	MJ	66	M	Periappendicitis
7	EK	30	F	Periappendicitis
8	AO	61	M	Periappendicitis
9	EP	70	F	Normal
10	IT	35	M	Periappendicitis
11	AP	43	M	Periappendicitis
12	GI	35	M	Carcinoma
13	NE	60	M	Normal

Discussion

Case 12 was unique in that it raised the question of whether the appendix was the primary or secondary site. Unfortunately, this could only be determined by follow-up of the patient, a maneuver which was not possible in the local setting. Exner's group reviewed 380 cases of this combination conclusively [7]. In contrast, there was the submission from Thailand; the research was on the incidence of synchronous appendiceal neoplasm in patients with colorectal cancer [8]. However, their appendix case was not cancer but the benign mucinous cystadenoma as well as metastases in the mesoappendix.

Incidentally, there was debate in the UK with regard to whether distant hospitals benefit from reports emanating from a central institution [9]. Our local experience contradicts this idea [10].

Interestingly, a group ruled out incidental appendectomy in the elderly [11]. However, two of the local patients were in this category. Unfortunately, the present series was such that follow-up was not possible.

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