

## Image of the Month

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**A** 37-YEAR-OLD WOMAN WITH A HISTORY OF CYCLIC lower abdominal pain and nausea presented to the emergency department with acute-onset right lower quadrant (RLQ) pain and nausea for 1 day, but no fever. Vital signs were normal. Physical examination revealed RLQ tenderness. Laboratory examination included a urinalysis, the result of which was negative, and a white blood cell count, which revealed a mild leukocytosis of  $11.6 \text{ K}/\mu\text{L}$ . Pelvic ultrasonography was obtained, which showed a right ovarian cyst but without evidence of torsion. Computed tomography (CT) of the abdomen/pelvis was performed, which showed an enlarged, dilated appendix of 11 mm in

diameter (**Figure 1**), which on comparison with a prior CT examination from 5 years prior showed a similarly enlarged, dilated appendix.

She underwent a diagnostic laparoscopy, which revealed a hockey-stick shaped appendix, with a dilated, enlarged tip (**Figure 2**) and a right ovarian cyst. There was no evidence of any powder-burn lesions on the peritoneum or bowel serosa. An appendectomy was performed. Hematoxylin and eosin stains of the enlarged portion of the appendix showed glands and stromal tissue (**Figure 3**). On follow-up in clinic, her symptoms had resolved.

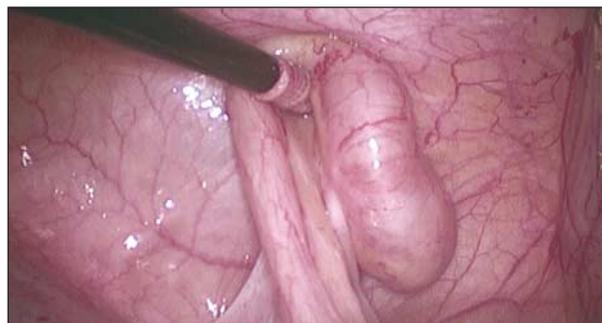
### What Is the Diagnosis?

- A. Appendicitis
- B. Appendiceal carcinoid
- C. Appendiceal endometriosis
- D. Pelvic inflammatory disease

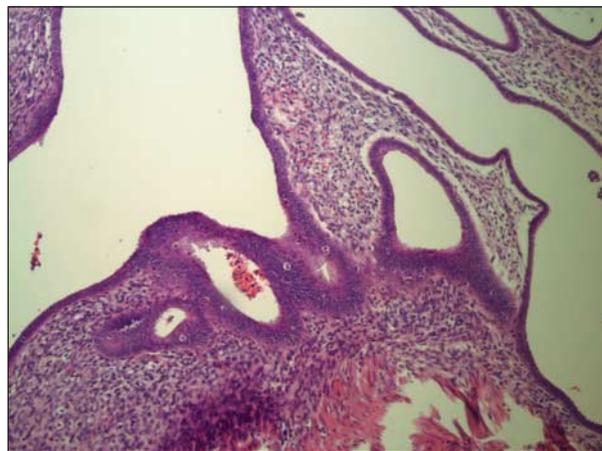
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**Figure 1.** Computed tomography of the abdomen and pelvis.



**Figure 2.** Intraoperative image of the appendix.



**Figure 3.** Histologic image of the appendiceal specimen with glands and stroma.