To the editor:

Mucosele of the appendix is characterized with dilatation of lumen by large amounts of mucus. It is a rare condition; it can be seen 0.2-0.3% frequency in all appendectomys [1]. There are four histological types of appendix mucosele: Retantion cyst, mucosal hyperplasia [%5-25], mucinous cystadenomas [%63-84] and mucinous cystadenocarcinomas [%11-14].

Mucosele of appendix can be asymptomatic or symptomatic. In symptomatic patients, lower abdominal pain is the most common symptom, however intestinal obstruction, abdominal mass and gastrointestinal bleedings also can be seen. Diamater measurement of appendix can be helpful in differential diagnosis. In acute appendicitis, the diameter of the appendix is usually 6mm; 15 mm and greater values indicates mucosele. Different sonographic patterns like cystic shape with thin walls and cystic shape with internal echos also can be seen in mucoseles. In literature 'onion skin' sign accepted a specific view of the mucosele of appendix [2]. Imaging methods are not usefull in differetial diagnosis between benign and malign mucoseles. Elevated levels of CEA can be seen in malign cystadenocarcinomas. The clinical manifestations of the patients can be helpful in this differantion [3]. In literature, methods for the treatment of mucoseles are laparascopy and laparatomy. Because of the rupture risk and malign potential of lesions, laparatomy must be done.

Competing interests
The authors declare that they have no competing interests.

References

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