

IMAGES OF INTEREST

Gastrointestinal: Pseudomyxoma peritonei

The first use of the term, pseudomyxoma peritonei, has been attributed to Dr R Werth, a German physician, in 1884. The disorder is characterized by copious mucinous ascites associated with a peritoneal mucinous tumor. As much of the medical literature on this entity is confusing, recent articles have suggested that patients with this disorder be divided into two broad groups. One term is that of disseminated peritoneal adenomucinosis. Patients with this disorder have peritoneal lesions consisting of abundant extracellular mucin and scant proliferative mucinous epithelium with little cytological atypia or mitotic activity. The cause is usually a ruptured mucinous adenoma of the appendix. Such patients have a reasonable prognosis with a 5-year survival rate of approximately 80%. Another term is peritoneal mucinous carcinomatosis. Patients with this disorder usually have an underlying appendiceal or colonic mucinous carcinoma that is only associated with a 5-year survival rate of 7%.

With disseminated peritoneal adenomucinosis, plain abdominal radiographs may show central displacement of bowel loops, loss of psoas shadows and, rarely, punctate calcification. Sonographic findings are usually those of non-mobile or septated ascites. Features on computed tomography scans include ascites, loculated fluid collections, abdominal masses and pressure effects on intra-abdominal viscera. Ascites, abdominal septa (white arrow) and pressure effects on the liver (black arrow) are shown in Figure 1. The diagnosis is confirmed by laparoscopy or laparotomy and supported by peritoneal biopsy. Treatment involves aggressive debulking of the intra-abdominal tumor, usually including an appendectomy. Additional therapeutic procedures are debated but may include systemic or intraperitoneal chemotherapy. The appearance of a ruptured appendiceal adenoma in a 60-year-old man with disseminated peritoneal adenomucinosis is shown in Figure 2.

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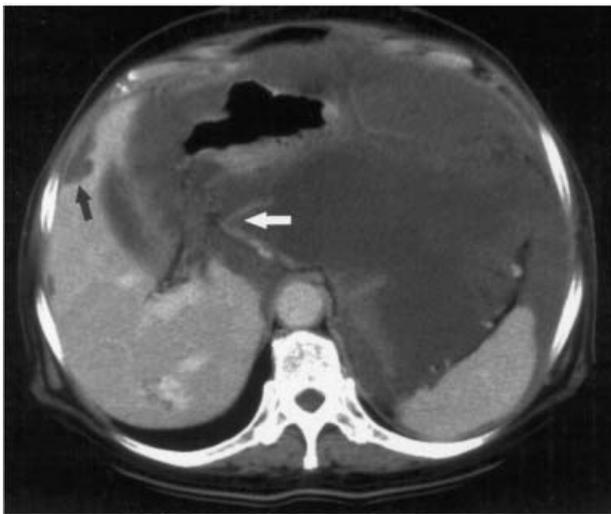


Figure 1

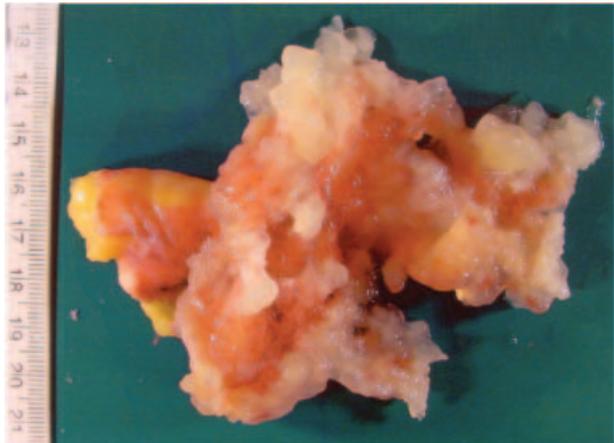


Figure 2

Contributions to the Images of Interest Section are welcomed and should be submitted to Professor IC Roberts-Thomson, Department of Gastroenterology, The Queen Elizabeth Hospital, Woodville South, South Australia 5011, Australia.

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