

Appendix Invaginée

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A 55-year-old man with no significant medical history presented for intermittent abdominal pain and constipation. These symptoms persisted for about a month without any other clinical sign. The results of the physical examination and routine laboratory tests were normal. During colonoscopy, a 1 cm polypoid pseudolesion was discovered in the caecum. This structure had a bright pink petechial mucosa with a depression in the center, and changed appearance depending on the degree of low (Figure 1) or high (Figure 2).

The lesion hasn't been reduced, making it reverse retro appendage. Antispasmodic drugs and a high-fibre diet have been put in place with a favourable evolution.

Figure 1

Figure 2

The discovery of an appendicular reversal during a colonoscopy is relatively unusual. This discovery is often confused with other pathological processes.

Polypoid lesions involving the light and the appendix orifice can be problematic. They can be difficult to eliminate completely using endoscopic techniques. This is compounded by the increased risk of perforating the caecum. There are less than 250 reports in the literature describing invasive or in situ adenocarcinomas resulting

from these lesions. Other reports describe appendicular endometriosis, juvenile polyps, adenomatous polyps, and simple appendicular inversion [1-4] Despite the low incidence of these lesions, they should not be ignored and should not be ignored and should not be ignored be managed like colon polyps.

However, some maneuvers can help diagnose an inverted appendix, such as attempting to manage the lesion with pliers or an air insufflation; the waterjet deformity sign; the "pillow sign"; beaming"; and, more recently, the pale concentric rings surrounding the lesion (Aurora rings).

The possibility of finding an inverse appendage to the caecum during a colonoscopy should be carefully considered for a correct diagnosis and to avoid dangerous procedures, such as biopsy or polypectomy.

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