

MUCINOUS ADENOCARCINOMA OF THE APPENDIX (EC IV) - PALLIATIVE SURGICAL PROPOSAL AIMING FOR THE QUALITY OF LIFE OF ONCOLOGICAL PATIENTS: CASE REPORT

Daniela Guimaraes Franco

Instituto Mario Penna - Hospital
Luxemburgo
Belo Horizonte - Mg - Brazil

Reni Cecilia Lopes Moreira

Instituto Mario Penna - Hospital
Luxemburgo
Belo Horizonte - Mg - Brazil

Amanda de Castro Morato

Instituto Mario Penna - Hospital
Luxemburgo
Belo Horizonte - Mg - Brazil

Rafaela Luiza Couto dos Santos

Instituto Mario Penna - Hospital
Luxemburgo
Belo Horizonte - Mg - Brazil

Amanda Ardaya Almeida

Instituto Mario Penna - Hospital
Luxemburgo
Belo Horizonte - Mg - Brazil

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Ana Miranda Abi-Ackel

Instituto Mario Penna - Hospital
Luxemburgo
Belo Horizonte - Mg - Brazil

Daniel Otávio da Silva Lacerda

Instituto Mario Penna - Hospital
Luxemburgo
Belo Horizonte - Mg - Brazil

Leonardo Mourão Lacerda

Instituto Mario Penna - Hospital
Luxemburgo
Belo Horizonte - Mg - Brazil

Abstract: Introduction: The objective of the report is to demonstrate the effectiveness of palliative surgery in selected patients and its impact on quality of life. Case report: 07/2019: Patient I.O.S, 71 years old, referred to our service with a diagnosis of colonic pattern invader, well differentiated from the cecal appendix. Staging CT scans identified tubular thickening of the appendix and ascites. CEA 187. Submitted right hemicolectomy. Inventory: tumor in the cecal appendix and ascending colon and large amount of mucin in the abdominal cavity. Anatomopathological (AP): adenomucinous tumor of the appendix, compromised margins, positive perineural/angiolymphatic invasion, invasion of adjacent soft tissues and no lymph node involvement (00/19). Referred to Clinical Oncology: Clinical Stage IV. Underwent palliative chemotherapy with Folfox until 03/2020. She evolved with abdominal recurrence and was replaced by Capecitabine (02/21). Patient had good clinical evolution but abandoned treatment (07/21) due to side effects, opting for palliative care. 10/21: disease progression with retroperitoneal mass, carcinomatosis and increased CEA, respiratory and abdominal discomfort due to mucin accumulation. The patient agreed with the surgical proposal performed on 12/21: aspiration of 10 liters of mucin, oophorectomy and irrigation of the cavity with 0.9% saline. It showed good PO evolution but again showed resistance to new CT. On 06/22, he again presented major respiratory repercussions. Proposed new approach: drained 10 liters of mucin and resected retroperitoneal cystic lesions, involvement in the right uterine tube. He maintained good PO evolution and returned without major limitations to daily activities. On 07/22 opted to go back to QT cycles. Discussion: The mucous-secreting adenocarcinoma of the appendix is relatively rare, it represents < 0.5% of all GI neoplasms

and in the context of recurrence, there are few data in the literature regarding its follow-up. The prognosis is directly associated with the advanced stage, degree of malignancy and whether there is peritoneal pseudomyxoma. Since mucin is associated with a worse prognosis, such as the infiltration of adjacent abdominal structures. Surgical treatment is the best option for these patients after the initial diagnosis, being a determining factor capable of providing overall survival, which includes rates of about 57% in five years for well-differentiated tumors and 11% for poorly differentiated tumors after adequate treatment. However, management is limited in cases of advanced lesions, unresponsive to adjuvant chemotherapy or lack of possibility of surgical approaches with a curative proposal. In our report, we present a 71-year-old patient who is extremely aware of her clinical condition, able to make decisions about her treatment. We demonstrate the importance of shared decisions between medical teams, patients and family members and respect for patient autonomy.