Appendiceal Mucinous Tumors

Regarding appendiceal mucinous tumors, we have pretty much adopted the WHO terminology. One problem with these things, in addition to their names, is that each case has the potential to be unique, requiring names that do not exist. However, recognizing the real prognostic issues outlined in recent studies, this approach is probably best.

For tumors:

-Confined to appendix and low grade cytological features (undulating or flattened mucosa with apical mucin): **low grade appendiceal mucinous neoplasm (LAMN**), typically with “*cystadenoma*” in parentheses.

-Low grade cytological features in appendix with rupture and *acellular* mucin involving peritoneum, etc.: **low grade appendiceal mucinous neoplasm (LAMN) with rupture and extra-appendiceal acellular mucin.**

-Ruptured with low-grade epithelium floating in the extra-appendiceal mucin: **LAMN with rupture and involvement of [insert tissues/organs involved; periappendiceal, omentum, etc, etc.]**

-Ruptured (or transmurally invaded) with *high-grade* extra-appendiceal epithelium: **(Disseminated) Mucinous adenocarcinoma, arising in an appendiceal mucinous neoplasm and involving [insert organs/tissues]**.

Usually, the last category has abundant of involvement of various organs, so the diagnosis becomes a listing exercise.  The most important features once this type of tumor is outside of the appendix seem to be 1) whether there are any cells or just mucin, and 2) histological grade of the cells in the mucin outside the appendix, which relate to prognosis.