A 60-year-old man presented with signs and symptoms of acute appendicitis and was found to have goblet cell carcinoid (GCC) of the appendix. The patient had no evidence of appendiceal disease on a computed tomography study one and a half years before. Due to the rarity of this tumor, previous case reports and series did not discuss the time course of the tumor's onset. This case report provides evidence that GCC can occur within a period of 1.5 years. This case report also discusses relevant histopathological aspects of GCC as pertain to cross-sectional imaging findings and illustrates the importance of considering other types of appendiceal disease in the diagnosis of a patient presenting with acute appendicitis.

### Case Report

A 60-year-old man presented to the emergency room for a second time within one week for a two-week history of intense lower quadrant abdominal pain. The patient was not febrile and had no leukocytosis. A CT study showed an enlarged distal appendix with a 1.8 x 3.8 cm fluid-like or cystic lesion with mild mural thickening (Figure 1). There was also mild wall thickening of the more proximal appendix. There were no enlarged periappendiceal lymph nodes. The patient had a normal appendix on a CT exam obtained approximately one and a half year before (Figure 2). A diagnosis of acute appendicitis was made.

The patient had a history of previous small bowel resection and exploratory laprotomy, nine and twenty-two years ago, respectively. The reason for these surgeries was small bowel obstruction, otherwise unknown. Due to prior surgeries and adhesions on laproscopy, open appendectomy was performed. The distal appendix was found to be dilated with tan-pink and markedly eroded mucosa with a wall thickness of 0.3 cm. The remainder of the resected...
appendix had tan mucosa and wall thickness of 0.7 cm. Pathologic examination showed features of goblet cell carcinoid (Figure 3) with transmural extension into the mesoappendiceal adipose tissue with perineural and intravascular involvement of the mesoappendiceal adipose tissue and subserosa. Immunohistochemical analysis revealed positivity for AE1/AE3 cytokeratins, polyclonal CEA and chromogranin, which were consistent with goblet cell carcinoid.

Discussion

Goblet cell carcinoid is nearly exclusively a tumor of the appendix. It has been reported under different names, including adenocarcinoid, mucinous carcinoid, intermediate type of carcinoid, crypt cell carcinoma, amphicrine (endocervical) neoplasia, composite tumor and microglandular carcinoma. All names except GCC have been omitted from the current World Health Organization (WHO) classification (1). Goblet cell carcinoid tumors accounts for 6% of appendicular carcinoid tumors. Histologically, GCC has features of both epithelial and carcinoid tumors (2) and is considered intermediate between classic appendiceal carcinoid tumors and adenocarcinomas. Although some authors believe that this tumor is of low-grade malignancy (3), it has a more aggressive natural history than the classic carcinoid tumors with variable malignant potential (4). At diagnosis the tu-
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