**Purpose**: To evaluate the clinicopathological profile and management of appendiceal neoplasm

**Methods:** A retrospective review of patients diagnosed with appendiceal neoplasm was done from January 2013 to November 2023. Various parameters were studied, including demographic profile, operative details, disease pathology, postoperative complications, and outcomes.

**Results:** A total of 57 cases were diagnosed with appendiceal neoplasm during the study period. Clinical presentation was acute appendicitis in 44%, mass in right iliac fossa in 35%, chronic right iliac fossa pain in 31.6%, incidental diagnosis during routine evaluation in 12.3%, and appendicular lump in 10.5%. Pre-operative diagnosis was made in 47.4% of patients by USG and CT scan. Intraoperative suspicion was made in 19.3% and incidental diagnosis was found in 33.3% of patients by histopathology specimens. Appendectomy was done in 49%, right hemicolectomy in 28%, and ileocecal resection in 17.5% of the cases. The most common pathology was low-grade mucinous neoplasm in 68.4% followed by adenocarcinoma which is seen in 12.3% of cases. The incidence of neuroendocrine tumor and lymphoma were 8.8% and 5.3 % respectively. A total of 29.8% of patients developed various postoperative complications including surgical site infections anastomotic leaks and postoperative bowel obstruction.

**Conclusions:** Appendiceal neoplasm can be presented with acute appendicitis, lump, or chronic pain in the right iliac fossa, or may be incidentally discovered in appendectomy specimens. Low-grade mucinous neoplasms of the appendix, adenocarcinoma and neuroendocrine tumors comprise a majority of appendiceal neoplasms. Clinicians must maintain a high index of suspicion of appendiceal neoplasm when encountering unusual findings of an appendix on radiological evaluation or during an operation. All appendectomy specimens must undergo histopathological examination.

**Keywords:** Appendix, Mucinous Neoplasm, Adenocarcinoma, Neuroendocrine tumor