Elusive retroperitoneal accessory spleen

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A 24 year healthy male presented with a feeling of heaviness in the left lumbar region without any other constitutional symptoms. On abdominal examination a vague mass was felt in the left lumbar region inseparably defined from the left kidney and the spleen. Routine hematological investigations were normal. On ultrasonography of the abdomen a retroperitoneal hypoechoic mass was observed below the lower pole of the left kidney. A CECT scan of the abdomen was done on a multislice CT scanner which showed a 10x6.8 cm hyperdense intensely enhancing retroperitoneal mass lying medial and anterior to the left kidney at the level of the hila and extending caudally up till L3 level (Figure 1a, b). CT guided fine needle aspiration cytology done from the above mass revealed a hemorrhagic aspirate consisting of few medium to small size lymphoid cells and was inconclusive. On laparotomy a well encapsulated solid vascular mass was found medial to the left kidney with arterial supply from the lumbar arteries with a prominent venous channel draining into the left renal vein. Histological examination showed lymphoid tissue in nodular pattern with numerous germinal centres with some of them showing presence of central arteries. The interfollicular tissue was seen to be having mature looking lymphoid cells admist network of veins and arteries with the overall pattern diagnostic of a normal splenic tissue. No neoplastic or inflammatory cells were observed.

Accessory spleens usually remain asymptomatic and are found in up to 30% of autopsies and are found most...
commonly near the splenic hilum with the retroperitoneal location being the rarest site.\textsuperscript{1,2} Not more than 20 patients of accessory retroperitoneal spleen have been described in the literature.\textsuperscript{3} The condition usually mimicks other more common retroperitoneal masses namely lymphoma, adrenal tumors, schwannoma and teratoma on imaging.

A dual phase CT/MR demonstrates not only the arterial and venous drainage but also the characteristic isosplenic enhancement pattern. Scintigraphy can be done using Tc99m sulphur colloid scan if the index of suspicion is high and shows diffuse uptake of the tracer by the accessory splenic tissue. If the observer is aware of the condition one can suggest advanced imaging studies which can establish a preoperative diagnosis and thereby obviate surgery.

REFERENCES