

## Case Report

### ACCESSORY SPLEEN IN THE PELVIS : CASE REPORT

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#### ABSTRACT:

Accessory spleens are congenital foci of healthy splenic tissue that are separate from the main body of the spleen. They occur in 10–30% of individuals; a wandering accessory spleen located in the pelvis is uncommon. Most patients are asymptomatic. We describe the case of a female presenting with acute abdominal pain who had a pelvic accessory spleen that mimicked an paraovarian mass.

**Keywords:** Accessory, Spleen, Pelvis.

#### INTRODUCTION

Accessory spleens develop due to the failure of the fusion of the primordial splenic buds in the dorsal mesogastrium during the fifth week of fetal life. They are usually asymptomatic and discovered incidentally.<sup>1–3</sup> Most commonly they are found in the splenic hilum and rarely in the pelvis.<sup>4–7</sup>

An accessory spleen may resemble the adrenal gland or kidney or mimic an abdominal or pelvic tumor such as a metastatic lymph node or a uterine adnexal mass.<sup>8–11</sup> It can become symptomatic due to torsion, rupture, or hemorrhage.<sup>12</sup>

The surgeon should be aware of its presence in certain situations such as hematologic disorders.<sup>13</sup>

An accessory spleen appears on CT scans as a well-margined round mass that is homogeneous on contrast-enhanced scans. Most of them are smaller than 2 cm.<sup>14</sup> MRI with the demonstration of a feeding artery from the splenic artery can be helpful for the diagnosis. The diagnosis of accessory spleen is often delayed and rarely made preoperatively because they are usually small and CT scans are not able to differentiate the tissue accurately, even after administration of contrast.<sup>3,15</sup>

#### CASE REPORT:

A 35 year-old healthy female with an unremarkable medical history was admitted to the Gynaecology department complaining of sudden onset of lower abdominal pain. Her vital signs were normal. Abdominal examination revealed no abdominal tenderness, but there was tenderness in the area of the left uterine adnexa on pelvic examination. A mass was felt adherent to the left adnexa. Transvaginal sonographic examination using an endocavitary 5–9-MHz transducer revealed that the uterus and both ovaries were normal. A pelvic mass of 11 cm in diameter was demonstrated next to the left ovary, a well-margined homogeneous round lesion with separation from the adnexa adjacent to the uterus

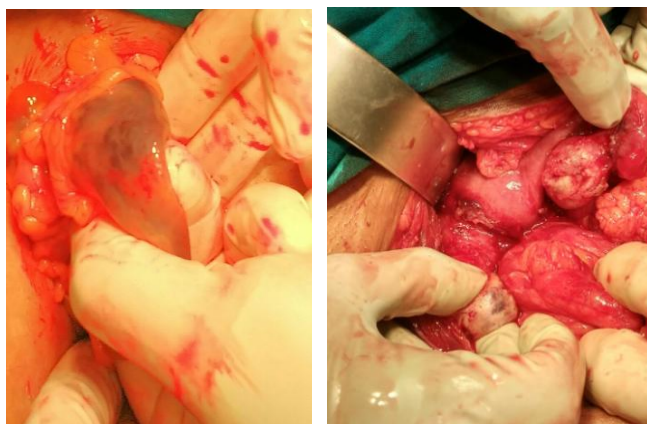
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and to the left ovary when manual pressure was applied. A normal-sized spleen was seen in the left upper abdomen. Laparotomy was performed under general anaesthesia, during which inspection of the pelvis revealed a cystic, oval, left-sided tumor with a smooth surface, approximately 11 cm in diameter (Fig.1). Another solid firm mass noted near left ovary of 3 x 3 cm (Fig.2). The tumor was located in the left pararectal space, adjacent to the obturator fossa. There was also adhesion to and infiltration of the surrounding structures. The both salpinx, ovary, and cervix were normal on inspection. The resected mass was histopathologically confirmed as splenic tissue and paraovarian cyst. Macroscopic analyses showed a pinkish, clear, 4 cm mass with a smooth surface. Microscopic analyses showed normal splenic red and white pulp components in, including lymphoid follicles with germinal center formation(Fig3).

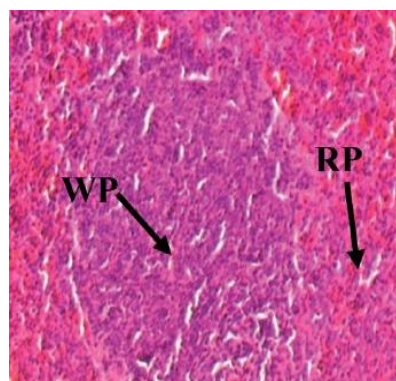


**Fig.1 Paraovarian cyst    Fig.2 Accessory spleen**

### DISCUSSION:

An accessory spleen may be found in the splenic hilum; less frequently, it may be embedded in the tail of the pancreas or rarely in the lower abdomen

and pelvis.<sup>3,5-7</sup> It is usually asymptomatic. The case presented points out the possibility of an accessory spleen in the differential diagnosis of a pelvic or lower abdominal mass presenting as an adnexal tumor. Accessory spleen can rarely be symptomatic, necessitating surgical treatment, as was the case in our patient.



**Fig.3.Histopathology of spleen**

Awareness of the possibility of an accessory spleen is important. On the one hand, a patient requiring splenectomy for hematologic disease should undergo removal of the accessory spleen as well. On the other hand, the accessory spleen should be preserved where it is the only splenic tissue in the body.<sup>13</sup>

As we had preoperatively confirmed the presence of a spleen in its normal anatomic position, there was no concern in removing the pelvic mass. CT scan, gray-scale, and color Doppler sonographic examination may help confirm the diagnosis by demonstrating prominent blood flow, sometimes with a branch of a blood vessel extending from the indeterminate lesion toward the spleen.<sup>14</sup>

### CONCLUSION :

A physician should be aware of the rare possibility of an accessory spleen in a patient who presents with abdominal or pelvic pain or pelvic mass.

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