Ectopic Spleen Presenting as Abdominal Mass: A Case Report

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Ectopic spleens are rare findings though splenicule are common. It is due to failure of fusion of mesogastrium and the lining body wall epithelium, resulting in supports of the spleen become lax, and spleen position will be abnormally located. Hypermobile colon and prune belly syndrome are associated with the ectopic spleen. This is more common in children. In adults, it is more common in woman; especially in multipara. A rare case of mass per abdomen in right iliac fossa, turned out to be functional spleen with aneurysm of splenic artery is presented. There were no features of infarction, torsion or portal hypertension or splenic vein thrombosis. Splenectomy was done. The patient had uneventful recovery.

Keywords: Abdominal mass, Aneurysm, Ectopic spleen, Splenic artery

INTRODUCTION

Nearly 500 cases were reported in literature about ectopic spleen.¹ It is a rare anomaly with an incidence of <0.2%.² The ectopic spleen or wandering spleen is more commonly seen in female patients in reproductive age group.¹ The ectopic spleen diagnosed in persons with age group between 20 and 40 years.³ Presentation of ectopic spleen varies, mostly they are asymptomatic incidentally found during imaging studies. In symptomatic patients pain is the main complaint mostly due to the torsion or infarction.²

CASE REPORT

A 24-year-old male patient, student by occupation presented with a complaint of pain and mass per abdomen since 1 year. Mass was in right iliac fossa gradually increasing. The pain was dragging and continuous. No history of fever. No features of portal hypertension. On examination 20 × 10 cm intra-abdominal, intraperitoneal mass in iliac fossa which is soft in consistency freely mobile in both directions was found. The surface of the swelling was smooth, and margins were regular and rounded. Tenderness was present on deep palpation (Figure 1).

On investigation, hemoglobin and liver function tests are within normal limits. Total proteins and albumin levels were adequate. Prothrombin time and international normalized ratio are normal. Except the ionic calcium which is 0.9 mmoL/L, electrolytes were within normal limits. Peripheral smear showed macrocytic blood picture with leukocytosis. Ultrasound abdomen showed a well-defined hypoechoic mass measuring 20 × 10 cm noted in right iliac fossa, taking flow on color Doppler. Computed tomography (CT) and magnetic resonance imaging (MRI) abdomen were done that showed the mass in right iliac fossa is spleen. The usual position of the spleen is empty. As the spleen is in right iliac fossa, which is prone for torsion and trauma the patient advised for elective splenectomy.

Laparotomy was done with a lower midline incision. The spleen was found in right iliac fossa with long splenic artery originating from aorta is identified. At the hilum of spleen 5 × 3 cm swelling is seen. On dissection and release of omental adhesions, it was found to be aneurism of splenic artery. The spleen in right iliac fossa was carefully separated from surrounding structures. Splenic artery was ligated proximal to the aneurism, as high as possible. Splenectomy was done. The splenic vein was not prominent, but multiple small veins were present; they were ligated and cut. Abdomen is closed in layers post-operative course was uneventful. Post-splenectomy vaccination is given as per-protocol (Figures 1-6).
DISCUSSION

The ectopic spleen is rare entity. It is due to failure of fusion of mesogastrium and the lining body wall epithelium, resulting in supports of the spleen become lax, and spleen position will be abnormally located. Hypermobile colon and prune belly syndrome are associated with ectopic spleen. This is more common in children. In adults, it is more common in woman; especially in multipara. In symptomatic patients, the symptoms are due to torsion, abnormal mobility, and compromised blood supply. Patients with ectopic spleen present with acute abdomen due to torsion of splenic artery followed by infarction of the spleen.
Diagnosis of the ectopic spleen is done by radiological investigations. In this case on ultrasonography, abdomen showed spleen in the right iliac fossa with the normal position of the spleen is empty. The investigation of choice for the ectopic spleen is CT abdomen. In this case, the diagnosis is confirmed by the CT and MRI abdomen.

If the spleen is of small size and asymptomatic, splenopexy is an option of treatment. Different techniques of splenopexy are - in an extraperitoneal pouch; the other is disconnecting the gastrocolic ligament, placing the spleen at its anatomical position, and then replacing the stomach and colon; suturing the greater curvature of the stomach to the anterior abdominal wall. Surgeries on spleen by laparoscopy is currently recommended.

CONCLUSION

Ectopic spleen is of rare occurrence. Here we presented a case of an uncomplicated ectopic spleen in right iliac fossa presenting as abdominal mass

REFERENCES