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INTRAPANCREATIC ACCESSORY SPLEEN AS A DIFFERENTIAL DIAGNOSIS OF TAIL PANCREAS TUMOR

Remer Cristina Cintra Duarte
São José dos Campos – SP
https://lattes.cnpq.br/9258320316631926

Débora Cohen Zaide
Rio de Janeiro
https://lattes.cnpq.br/1078520398577116

Bruno Monteiro de Carvalho
Santarém - PA
http://lattes.cnpq.br/3254823022861332

Aline Durão de Andrade Pequeno
Rio de Janeiro
http://lattes.cnpq.br/9825303351084755

Luana Poubel Marques da Silva
Rio de Janeiro
http://lattes.cnpq.br/6779414416369685

Bianca Ribas Lee Santana
Barra do Piraí - RJ
http://lattes.cnpq.br/6802697245465026

Lucas Marassi Theodoro Sousa Oliveira
São Lourenço-MG
https://lattes.cnpq.br/0632771759188549

Abstract: Intrapancreatic accessory spleen is a rare, asymptomatic, benign pathology that is usually diagnosed accidentally. When faced with a solid tumor of the pancreas, especially with pancreatic neuroendocrine neoplasms, it is important to consider the hypothesis of an accessory spleen as the therapeutic proposal for each disease is completely different and therefore, the patient's prognosis.
Keywords: pancreas tumor, intrapancreatic accessory spleen, pancreatic neuroendocrine neoplasm

INTRODUCTION

Accessory spleen is an embryological congenital alteration of the splenic tissue with an incidence in about 10% of the population. The location in the tail of the pancreas (17%) is the second most common, after the splenic hilum topography (80%). The finding of the intrapancreatic accessory spleen is rare, is a benign lesion, in most cases asymptomatic and it is usually found on imaging exams by chance. The most important in identifying this pathology is to accomplish the differential diagnosis of pancreas solid tumors, especially with pancreatic neuroendocrine neoplasm, as the conduct and prognosis of each disease are completely different. This study aims to present a case report of an intrapancreatic spleen simulating a solid tumor of the pancreas tail.

CASE REPORT

Female patient, 53 years old, with no significant previous history, complaining of chronic pain in the epigastrium and abdominal distension for 2 years. Looked for a doctor in 2019. In a magnetic resonance imaging of the abdomen and pelvis, a rounded expansive lesion, enhanced by contrast infusion, well delimited and measuring 18 mm in the pancreas tail was identified, with no signs of distant disease. She was sent to the general surgery service of the Military Police Central Hospital (Rio de Janeiro, Brazil) for diagnostic clarification. The suspicion of primary pancreatic neoplasia was raised and a distal pancreatectomy with splenic preservation was performed.

DISCUSSION

Macroscopic sections (figure 1) of the surgical specimen revealed a nodular area with smooth edges and brownish coloration surrounded by pancreatic tissue, suggesting the possibility of an accessory intrapancreatic spleen. The hypothesis was later confirmed by the pathological anatomy analysis, as histopathological result showed intrapancreatic splenic tissue and pancreatic tissue without histopathological changes (figure 2), and absence of malignancy in the surgical specimen. In the postoperative period, the patient developed a grade A pancreatic fistula and was treated with antibiotic therapy and achieved complete resolution. She was discharged from the hospital after eight days with outpatient follow-up.

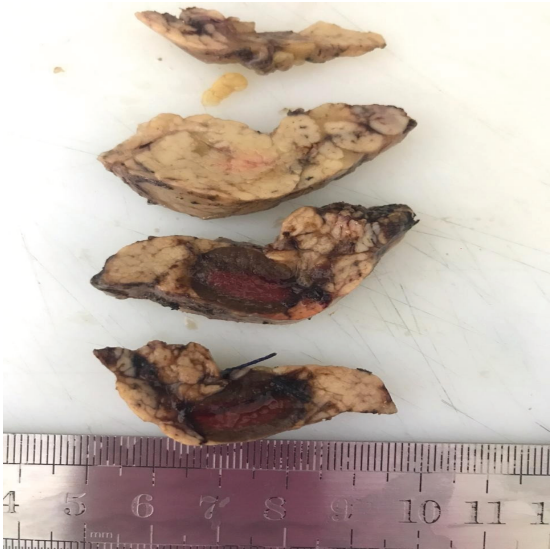

Figure 1: Macroscopic sections

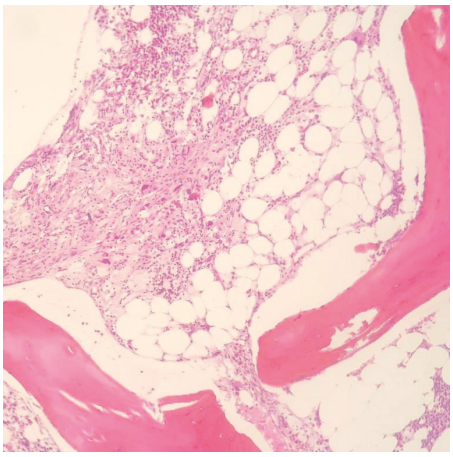

Figure 2: intrapancreatic splenic tissue and pancreatic tissue

CONCLUSION

Facing an enhanced solid tumor in pancreas tail, it is important to consider the hypothesis of ectopic spleen as a differential diagnosis of pancreatic neuroendocrine neoplasm, as they have opposite therapeutic proposals: the last requires surgical intervention, while the first follows conservative follow-up because of its begnin nature. Thus, a detailed anamnesis and a critical evaluation of the clinical picture is essential, as well as a careful analysis of the imaging tests during the preoperative period in order to avoid undue surgeries.

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