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Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

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► **To cite this version:**

Patrick James Rogers, M.P. Williams, Rashika Fernando, Simon Freeman. Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography. *Journal of Clinical Ultrasound*, 2011, 39 (6), pp.348. 10.1002/jcu.20823 . hal-00638142

HAL Id: hal-00638142

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**Pancreatic Splenosis demonstrated by Contrast Enhanced
Ultrasonography**

Journal:	<i>Journal of Clinical Ultrasound</i>
Manuscript ID:	JCU-10-256.R1
Wiley - Manuscript type:	Case Report
Keywords:	Splenosis, contrast agents, Contrast enhanced, Ultrasound, pancreas

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Manuscripts

Review

Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

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Title: Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

For Peer Review

Abstract

Pancreatic splenosis is a very rare condition whose features on contrast-enhanced ultrasound (CEUS) have not, to our knowledge, been previously reported. We present the imaging findings in a case of pancreatic splenosis where a confident diagnosis was achieved with the use of CEUS and confirmed by a labeled heat denatured red cell scan. Accumulation of ultrasound contrast microbubbles in splenic tissue can be readily visualized on late-phase CEUS and this technique has already been used to confirm the nature of intrapancreatic accessory spleens. This case shows that it can also confirm the diagnosis of splenosis.

Case Report

A 64 year old male was referred to an urologist with an elevated serum prostatic specific antigen (PSA) level of 5.5 ng/mL as well as lower urinary tract symptoms. The patient had undergone a splenectomy for trauma after being involved in a road traffic accident as a pedestrian 47 years previously. There was no other significant past medical history. Transrectal ultrasound guided biopsy of the prostate diagnosed a Gleason grade 3+4 carcinoma of the prostate. MRI staging was performed (Phillips Intera 1.5T MRI) which included a T2 weighted axial sequence of the abdomen. This sequence showed a 4 cm mass arising from the lower pole of the left kidney with features consistent with a renal cell carcinoma and additionally a 5cm mass arising from the tail of the pancreas which was thought likely to represent a pancreatic tumour (Figure 1). Two nodules, were seen in the splenic bed and assumed to represent splenunculi. Further evaluation by contrast medium enhanced CT (GE High definition Lightspeed VCT scanner before and after intravenous contrast medium administration: 90mls Omipaque 300¹) confirmed a 5cm diameter mass in the pancreatic tail showing a little peripheral calcification. This mass was noted to show

Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

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35 Discussion

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Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

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Conclusion

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Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

In conclusion this is a rare case of pancreatic splenosis, diagnosed by CEUS, without the need for surgical intervention. This condition should be suspected when asymptomatic masses are identified in patients with a history of splenic injury or surgery. We suggest that CEUS may be able to replace nuclear medicine imaging in the diagnosis of this condition, which is in keeping with other recent literature¹².

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Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

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36 (arrow)
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40 Figure 2C

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42 CT with portal venous phase contrast medium enhancement.

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44 Portal-venous phase contrast showing uniform enhancement through the lesion in the pancreas (arrow).
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48 Figure 3

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50 Ultrasonography

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52 This image shows a hypoechoic 2.5cm lesion (arrow) within the pancreas.
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56 Figure 4

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58 Ultrasonography with contrast.
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Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

Split screen ultrasound image: contrast specific preset shown to the readers right. The pancreatic tail mass remains strongly enhanced at 7:09 minutes post injection (arrow), well beyond blood-pool microbubble clearance.

Figure 5

Heat denatured red blood cell study and SPECT CT.

There is intense uptake of red blood cells within the partially calcified largest lesion closely related to the tail of the pancreas. Arrow shows splenosis nodule.

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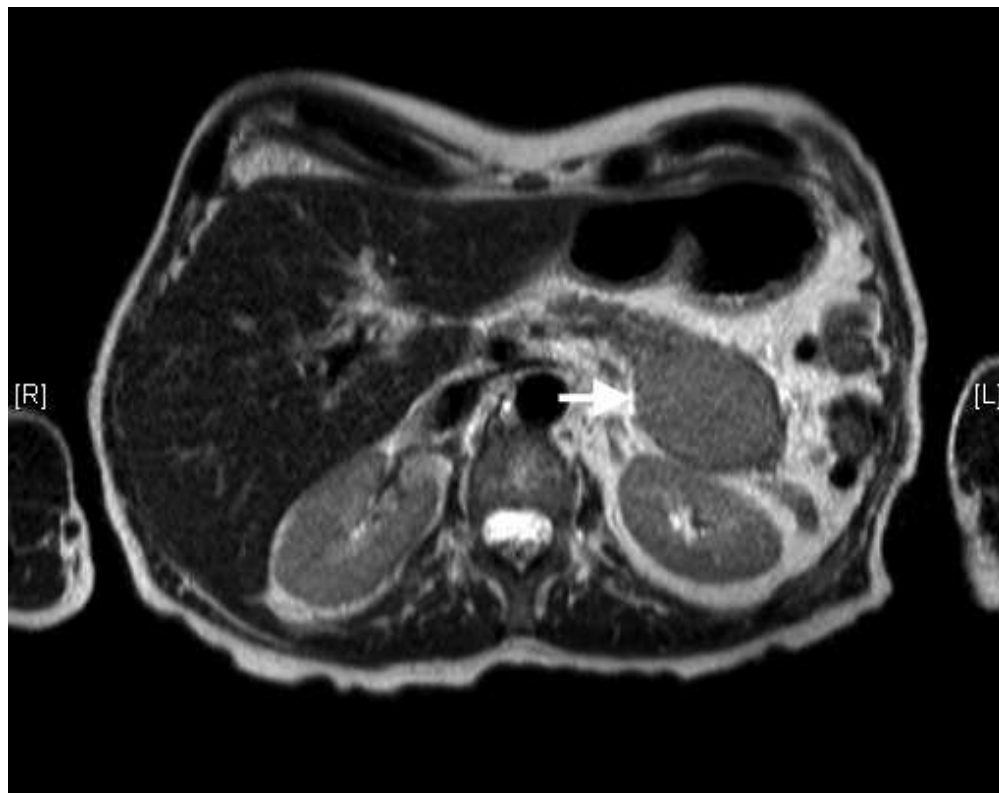


Figure 1
MRI
Axial T2 weighted spin echo sequence of the upper abdomen demonstrating a mass (arrow) in the pancreatic tail with signal intensity similar to the renal parenchyma.

95x75mm (136 x 136 DPI)

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Figure 2A
CT without contrast.
Axial non-contrast enhanced CT section through the upper abdomen demonstrating flecks of calcification (arrow) in the periphery of the mass.

95x75mm (136 x 136 DPI)

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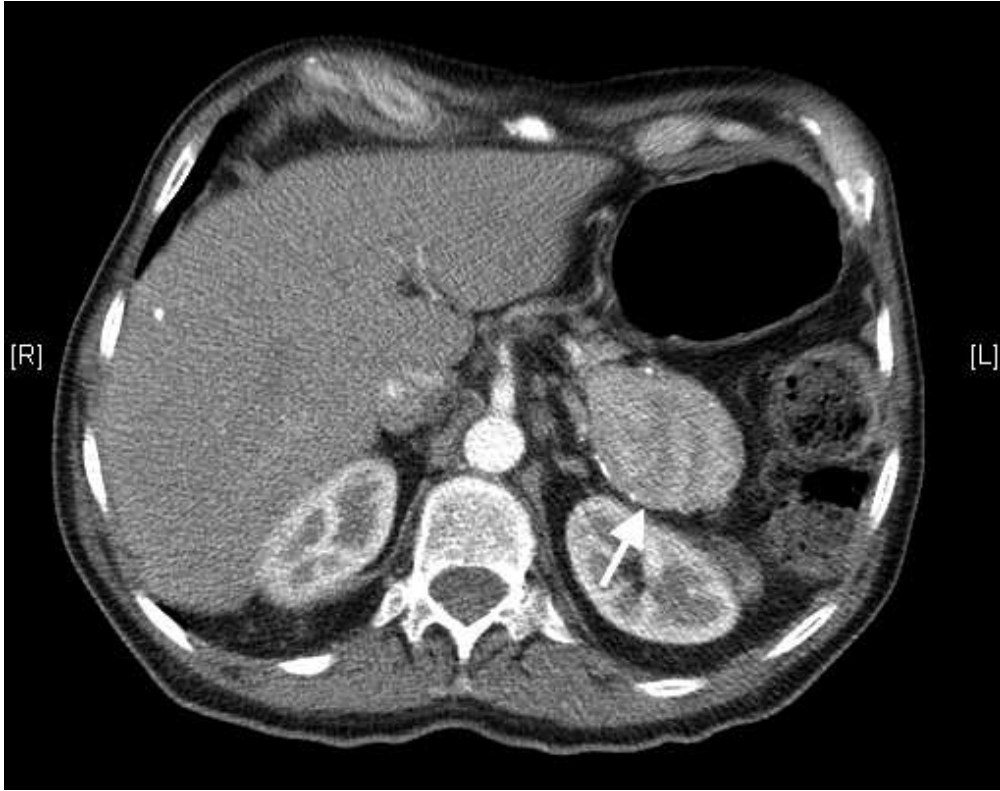


Figure 2B
CT with arterial phase contrast medium enhancement
This shows heterogenous "stripes" through the lesion, typical of splenic parenchymal arterial enhancement (arrow)

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Figure 2C
CT with portal venous phase contrast medium enhancement.
Portal-venous phase contrast showing uniform enhancement through the lesion in the pancreas
(arrow).

95x75mm (136 x 136 DPI)

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Figure 3
Ultrasonography
This image shows a hypoechoic 2.5cm lesion (arrow) within the pancreas.

94x65mm (149 x 149 DPI)

Review

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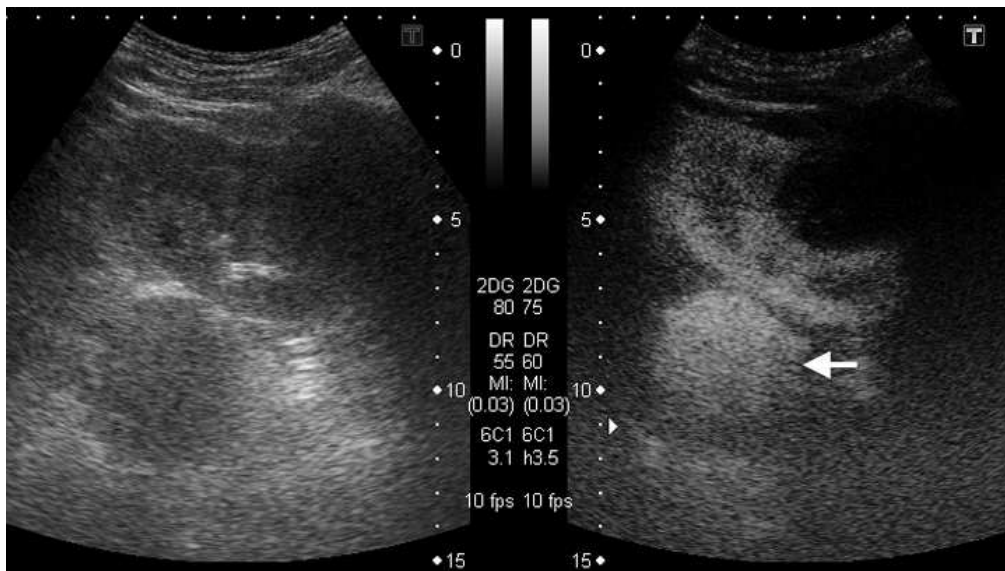


Figure 4
Ultrasonography with contrast.
Split screen ultrasound image: contrast specific preset shown to the readers right. The pancreatic tail mass remains strongly enhanced at 7:09 minutes post injection (arrow), well beyond blood-pool microbubble clearance.

95x53mm (191 x 191 DPI)

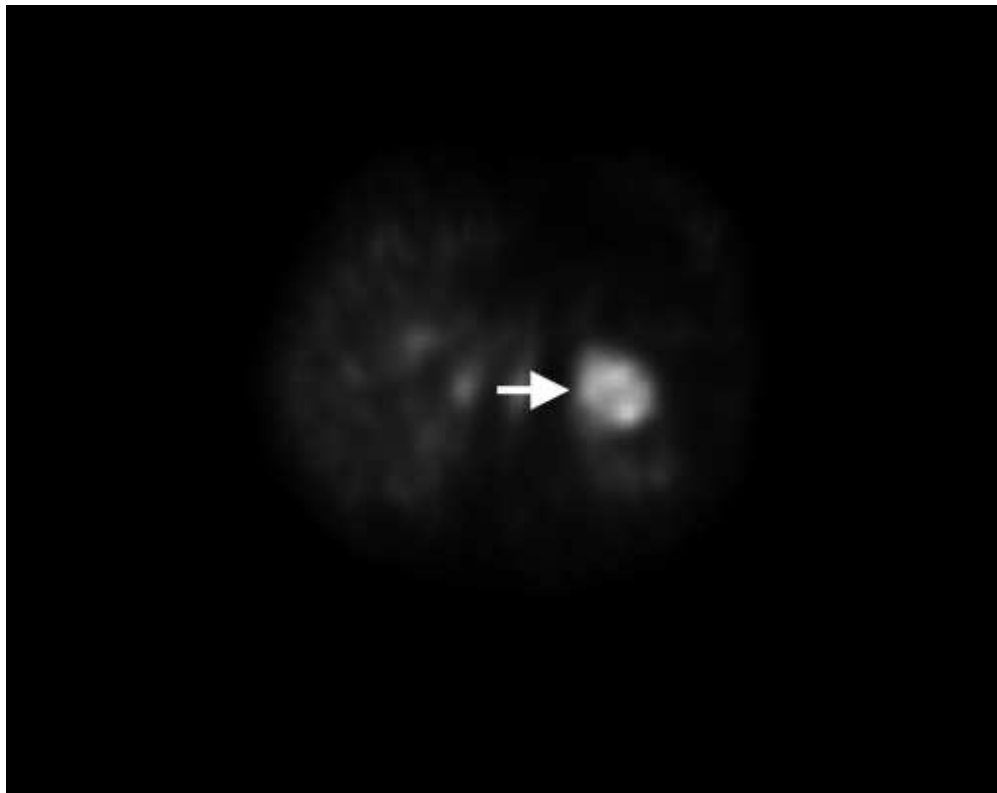


Figure 5

Heat denatured red blood cell study and SPECT CT.

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95x75mm (136 x 136 DPI)

Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

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For Peer Review

Introduction

Abstract

Pancreatic splenosis is a very rare condition whose features on contrast-enhanced ultrasound (CEUS) have not, to our knowledge, been previously reported. We present the imaging findings in a case of pancreatic splenosis where a confident diagnosis was achieved with the use of CEUS and confirmed by a labeled heat denatured red cell scan. Accumulation of ultrasound contrast microbubbles in splenic tissue can be readily visualized on late-phase CEUS and this technique has already been used to confirm the nature of intrapancreatic accessory spleens. This case shows that it can also confirm the diagnosis of splenosis.

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A 64 year old male was referred to an urologist with an elevated serum [prostatic specific antigen \(PSA\) level](#) of 5.5 ng/mL as well as lower urinary tract symptoms. The patient had undergone a splenectomy for trauma after being involved in a road traffic accident as a pedestrian 47 years previously. There was no other significant past medical history. Transrectal ultrasound guided biopsy of the prostate diagnosed a Gleason grade 3+4 carcinoma of the prostate. MRI staging was performed (Phillips Intera 1.5T MRI) which included a T2 weighted axial sequence of the abdomen. This sequence showed a 4 cm mass arising from the lower pole of the left kidney with features consistent with a renal cell carcinoma and additionally a 5cm mass arising from the tail of the pancreas which was thought likely to represent a pancreatic tumour (Figure 1). Two nodules, were seen in the splenic bed and assumed to represent splenunculi. Further evaluation by contrast medium enhanced CT (GE High definition [CT Lightspeed VCT scanner with before and after intravenous contrast medium administration](#): 90mls Omipaque 300¹) confirmed a 5cm

Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

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Pancreatic splenosis is very uncommon; a report of a single case in the literature made the diagnosis only after laparoscopic resection⁵. Intrapancreatic accessory spleens have been more frequently reported but are usually less than 2cm in size⁶ and CEUS has been used to identify this condition⁷. Awareness of both of these conditions is important in the differential diagnosis of pancreatic tail lesions as other diagnostic possibilities (adenocarcinoma, islet cell tumour, metastasis)^{7,8,9,10} will frequently require surgical intervention which is unnecessary in the case of pancreatic splenosis or accessory spleen. Normal splenic tissue accumulates ultrasound contrast microbubbles similar to, but more pronounced than, their accumulation in normal liver parenchyma. The site of microbubble accumulation is thought to be within the splenic sinusoids or reticular endothelial system¹¹. This property can be used to differentiate splenic tissue from other soft-tissue masses which will show washout of microbubbles in the late phase. In this respect CEUS acts much like a heat denatured red cell scan but is a much simpler test to perform without any associated radiation burden.

Recent literature has highlighted the use of CEUS in the investigation of accessory spleens⁷, however there are distinct differences in accessory spleens compared to splenosis. An accessory spleen has normal splenic histology with its blood supply usually arising from a branch of the splenic artery, this can frequently be visualized with Doppler or contrast enhanced ultrasound. Blood supply in splenosis, in contrast, is derived from the surrounding tissues and vessels, without any association with the splenic artery^{2,3}. A further difference is that the tissue in splenosis usually reveals distorted architecture with no hilum, a poorly formed capsule and the tissue may be of any shape or size, whereas accessory spleens have a more uniform hilar architecture, and are generally rounded or oval.

Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

Conclusion

In conclusion this is a rare case of pancreatic splenosis, diagnosed by CEUS, without the need for surgical intervention. This condition should be suspected when asymptomatic masses are identified in patients with a history of splenic injury or surgery. We suggest that CEUS may be able to replace nuclear medicine imaging in the diagnosis of this condition, [which is in keeping with other recent literature¹²](#).

References:

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Ultrasonography with contrast.

Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography

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6 Response to reviewers:
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8 **Title: Pancreatic Splenosis demonstrated by Contrast Enhanced Ultrasonography**

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20 Dear Bruno D. Fornage, M.D.
21
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23
24
25 Many thanks for your decision letter which kindly gives us the opportunity to make necessary
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27 revisions to our submission.
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32 We have welcomed your comments and have hopefully made all the changes that yourself, and
33
34 the reviewer, suggested. A point-by-point reply to your comments is below.
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39 Many thanks for your response once again,
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42 We look forward to hearing from you.
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46 Yours sincerely,
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49 Dr. Patrick Rogers MBChB BA
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1. We have now included another ultrasonographis image of the splenosis which we feel is of value. Unfortunately the pancreas was only visualised with a left flank approach - we have now explained this in the text.

2. We had included the abstract in the online submission process. I assumed that this would be combined with the draft for your review, but this was not the case. I have now put it in the document.

3. The figures are now called in the text.

4. As above.

5. Completed

6. Completed

7. Completed

8. Completed

8. Completed

9. Completed

10. Yes, this is what we meant – we have changed this to “mechanical index”, and given a value.

11. We have complied wherever possible with the reference guidelines.

12. We now believe these to be accurate.

13. Completed

14. Completed

15. As we have included another image the figure numbering is not quite as you suggested, but the CT images are now named together (2 A-B-C). We have included another ultrasound image of the splenosis (fig 3), which we feel will interest your readership. The other images follow as previous.

16. This we have done. If you prefer the original way round, then we could use the original image.

17. Completed

Many thanks.