

**Title:**

**Sclerosing angiomatoid nodular transformation (SANT) of the spleen can be safely diagnosed by a core percutaneous ultrasound-guided biopsy**

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**Sclerosing angiomatoid nodular transformation (SANT) of the spleen can be safely diagnosed by a core percutaneous ultrasound-guided biopsy**

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Dear Editor,

We have read with interest the letter "Sclerosing angiomatoid nodular transformation (SANT) of the spleen: review of the literature" published in The Spanish Journal of Gastroenterology by Senosiain et al (1). It is concluded in the original work that "due to the dilemma and the increased risk of spleen biopsy hemorrhage, most authors recommend splenectomy to rule out malignancy or another disease of the spleen". This is an affirmation that could be considered obsolete and must be changed in light

of contemporary medical knowledge.

Percutaneous image-guided biopsy of the spleen is a procedure that has demonstrated in the last years a low incidence of major complications, similar to that described in liver biopsies, together with a high diagnostic accuracy (2-4). Because there are no specific clinical-radiologic findings of SANT, diagnosis relies on histopathologic examination, that is almost always made after splenectomy. Nevertheless, a splenic percutaneous biopsy can be a safe and accurate procedure for diagnosing SANT (5).

In 2013 we studied the case of an asymptomatic 50-year-old female with a 20-mm space-occupying hypoechoic without a halo nor Doppler signal lesion in the upper pole of the spleen incidentally discovered on abdominal ultrasound (Fig. 1A). Past medical history was relevant for a foot cutaneous melanoma surgically treated ten years before. [18F]FDG positron emission tomography (PET) - computed tomography (CT) showed high glycolytic uptake (median maximal standardized uptake value, SUVmax of 2.62 MBq/g) in a nodular 25-mm splenic lesion (Fig. 1B). A percutaneous ultrasound-guided core biopsy (Angiomed Autovac 19.5-gauge, Karlsruhe, Germany) of the spleen was performed. No complications appeared. The microscopic study (Fig. 1C, H&E staining, x40 magnification) showed a benign lesion consisting of angiomatoid nodules and surrounding stroma with fibrosis. The nodules had irregularly shaped vessels, including capillaries, small venules and sinusoids with extravasated red blood cells and scattered inflammatory cells (Fig. 1D, H&E staining, x200 magnification). SANT was diagnosed and clinical observation without treatment was decided. Later the patient was asymptomatic. An abdominal CT examination performed 10 years later showed no changes in SANT.

In conclusion, splenectomy is not mandatory for diagnosing focal splenic lesions because percutaneous splenic biopsies have high safety and efficacy with lower morbimortality and cost. The authors highlight that SANT can be successfully diagnosed by a core ultrasound-guided biopsy.

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FIGURES

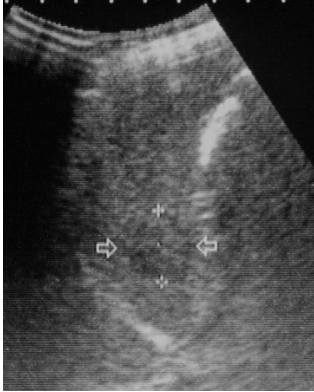


Fig. 1.A. Space-occupying hypoechoic lesion in the upper pole of the spleen.

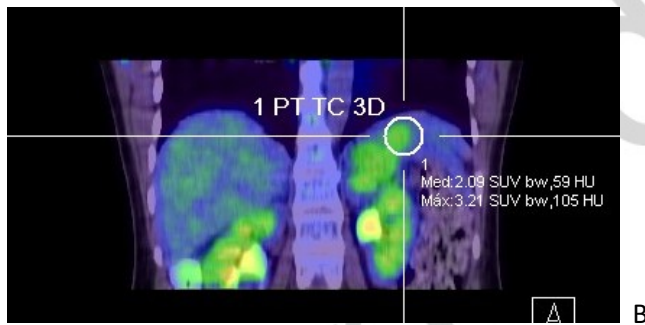


Fig. 1.B. <sup>18</sup>F-FDG PET-CT with high glycolytic uptake in an increased nodular splenic lesion.

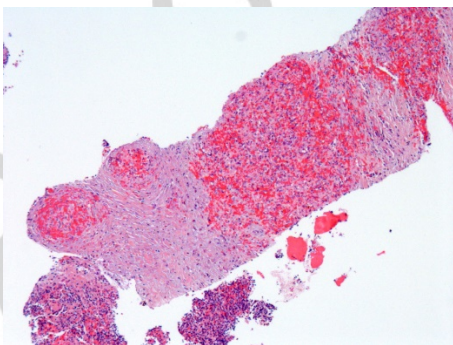


Fig. 1.C. Histopathology examination revealed angiomatoid nodules and surrounding stroma with fibrosis (H&E staining, x40).

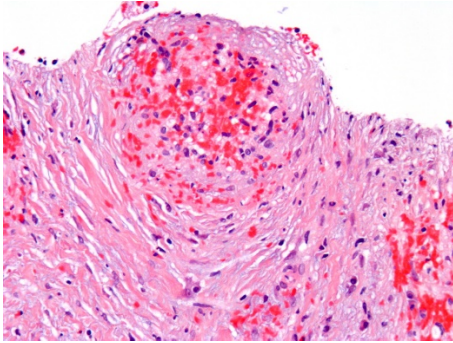


Fig. 1.D. Nodules with irregularly shaped vessels, including capillaries, small venules and sinusoids with extravasated red blood cells and scattered inflammatory cells (H&E staining, x200).

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