

Title:

Sometimes things are what they seem

Authors:

Ana Barbado Cano on behalf of Grupo de Trabajo de Aparato Digestivo en Enfermedades Biliopancreáticas*, Eva Marín Serrano, Ana Barbado Cano

* Grupo de Trabajo de Aparato Digestivo en Enfermedades Biliopancreáticas: Ana Barbado Cano

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Eva Marín-Serrano and Ana Barbado-Cano

Digestive Diseases Service. Hospital La Paz. Madrid, Spain

Correspondence: Eva-Marín

e-mail: evamarins@hotmail.com

Key words: Accessory spleen. Endoscopic ultrasound. Contrast enhanced ultrasound.

Dear Editor,

Accessory spleen is a frequent congenital abnormality (10-20%) resulting in the fusion failure of splenunculi.

Case report

A nodule was identified in the tail of the pancreas of 1.8 cm x 1.5 cm in size in a 74 year-old male with prostate cancer. The computed tomography (CT) showed soft tissue attenuation and arterial hyperenhancement with a lower uptake in the central area, low 18-FDG affinity and no evidence of 111-In-octreotide uptake. A solid, round and well-circumscribed nodule was defined as an intrapancreatic accessory spleen (IPAS) by endoscopic ultrasound (EUS), due to shared ultrasonographic characteristics (Fig. 1) and a pattern of contrast enhancement with the spleen. The material obtained by endoscopic ultrasound (EUS) guided puncture was consistent with a lymph node. A distal pancreatectomy confirmed the presence of an IPAS.

Discussion

IPAS is an underdiagnosed congenital anomaly, as it is usually a silent lesion, unique and small in size, with an estimated prevalence in general population from 1.1% to 3.4 (1). The diagnosis may require a combination of imaging techniques due to the fact that the aspect changes in relation to the red/white pulp ratio contained within. It is useful to compare the behavior with the spleen as

they generally share radiological features (2). IPAS must be differentiated from neuroendocrine tumors and metastases. A definitive diagnosis requires surgery in more than 50% of published cases. EUS could change the management and avoid unnecessary resections, as in our case (3).

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Fig. 1. Echography image in mode B.