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Hepatic splenosis, description of an unusual behavior on contrast-enhanced ultrasonography (CEUS)

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Dear Editor,

The case was a 47-year-old asymptomatic male with a personal history of splenectomy during childhood. He was referred to our outpatient clinic to complete the study of a space-occupying liver lesion. The initial diagnostic suspicion was liver adenoma, given its behavior on magnetic resonance imaging (Fig. 1) and the absence of previous liver disease.

Intravascular contrast-enhanced ultrasound (CEUS) (SonoVue©) was performed. The lesion showed rapid centripetal enhancement, remaining enhanced in the portal phase with dim washout in the late venous phase (Figs. 2 and 3). Given the therapeutic implications of the diagnosis of a hepatic adenoma, an ultrasound-guided percutaneous biopsy with an 18-gauge core needle was performed. The anatomopathological study confirmed the presence of hepatic splenosis.

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Discussion

Hepatic splenosis can present as isolated or multiple foci (1). There is little published information on the behavior of hepatic splenosis in CEUS (2-4), which prevents any behavior from being generalized. The most frequently described behavior is hyperenhancement in the arterial phase without subsequent washout, not a specific behavior that can lead to the misdiagnosis of other entities such as hemangioma. In our case, it was caused by an isolated focus of splenosis that did not show the most frequently described behavior at CEUS, since it presented a faint washout in the venous phase, making it necessary to rule out malignancy.

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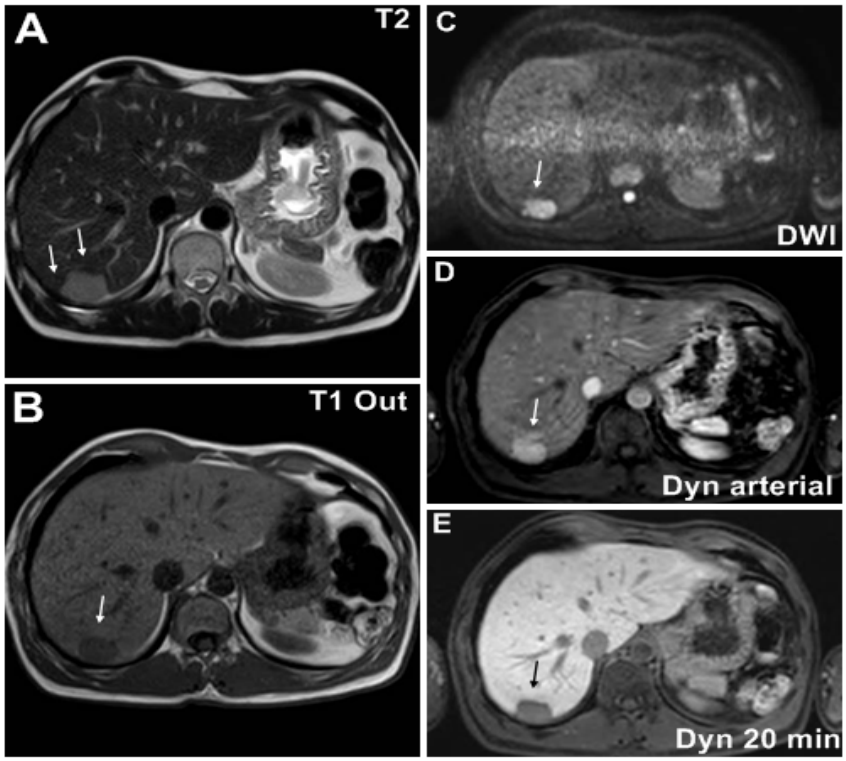

Fig. 1. Hepatic magnetic resonance imaging (MRI) with morphological sequences in T2 (A), T1 out-of-phase (B), diffusion-weighted imaging (C) and arterial phase sequence post-gadolinium (D). Hepatobiliary phase 20 minutes after administration of hepatospecific contrast (E). Isolated well-defined nodular lesion in segment VII, homogeneous, hyperintense on T2 (A), hypointense on T1 (B), with diffusion restriction (C) and presenting hypervascular behavior in the arterial phase and hypointense in the hepatospecific phase (D and E).

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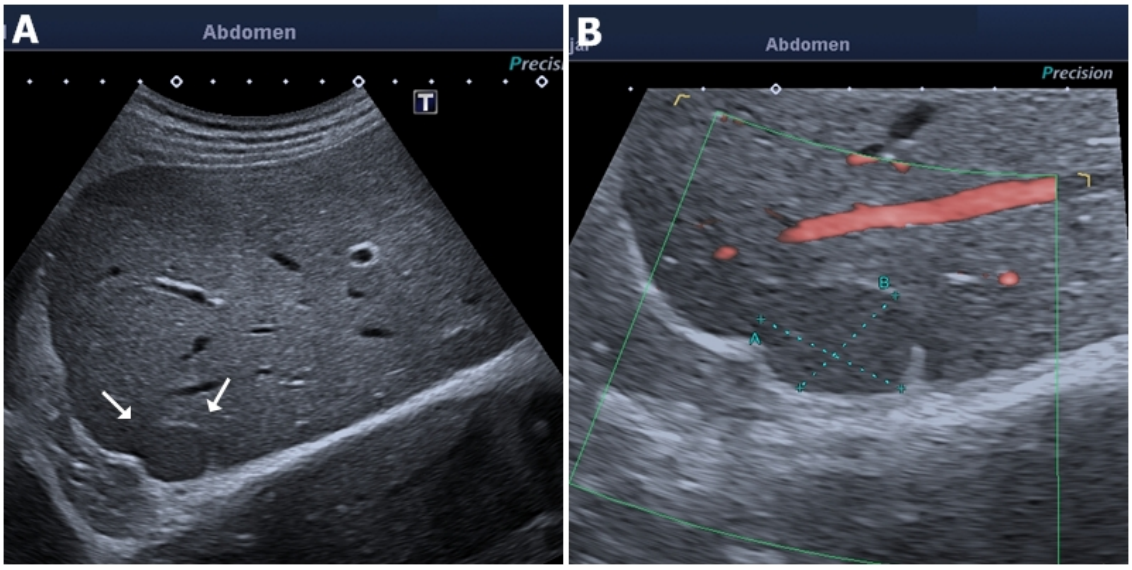

Fig. 2. A. Isolated peripheral solid lesion of the liver, slightly hypoechoic respect to the liver parenchyma. In its most anterior portion, a thin hyperechogenic capsule can be seen that delimits it from the rest of the liver parenchyma. B. Higher magnification image, lesion of 21 x 18 mm in size. No internal vascularity was detected on Doppler ultrasonography.

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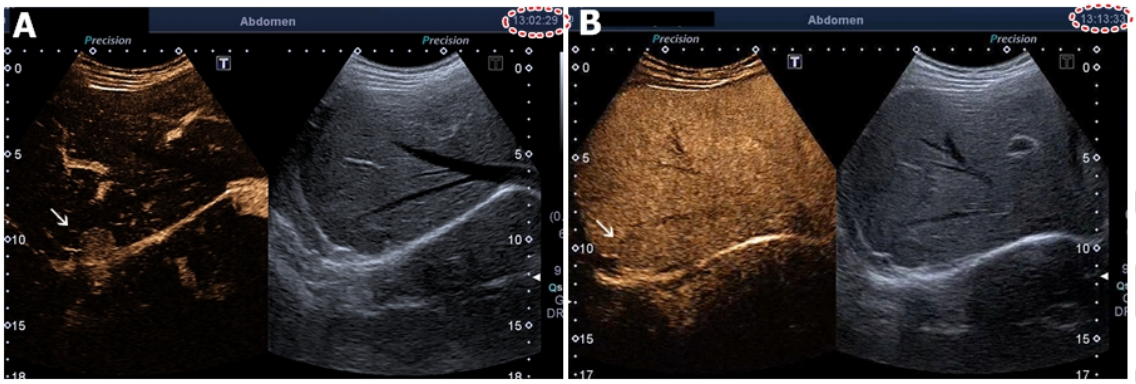

Fig. 3. A. Gray-scale B-mode and contrast-enhanced ultrasound (CEUS) in arterial phase (00:17 s of exploration). Image shows premature hyperenhancement with respect to the liver parenchyma. B. Gray-scale B-mode and CEUS in late venous phase (03:32 s of exploration). The lesion presented faint washout with respect to the bud parenchyma.