



Case Report

Case Report: Unusual splenic mass in an elderly patient

Yair Shachar¹, Abed Khalaileh^{1*}, Jonathan B. Yuval¹, Jonathan Zaga¹, Karine Atlan², Max Sirota², Gail Amir² and Pikarsky Alon¹

¹The Department of Surgery, Hadassah-Hebrew University Medical center, Ein Kerem, Jerusalem, Israel

²The Department of Pathology, Hadassah-Hebrew University Medical center, Ein Kerem, Jerusalem, Israel

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Case Presentation

A 76-year-old female patient with history of recurrent adenocarcinoma of the colon. She underwent multiple segmental resection of her colon. (right hemicolectomy, re-ileocolic resection, total intra-abdominal colectomy) and received adjuvant chemotherapy (FOLFOX protocol for six months, six courses of FOLFIRI + AVASTIN, Immunotherapy). Six months after her last operation, new uptake in a routine PET-CT scan [figure 1] was detected in a large cystic lesion in the spleen. The patient was asymptomatic. No weight loss or pyrexia was noted. Colonoscopy was unremarkable.

Differential diagnosis:

1. Primary splenic lymphoma
2. Splenic metastasis of adenocarcinoma
3. Splenic abscess
4. Angiosarcoma of the spleen
5. Splenic trauma during previous surgery

Diagnosis

Splenic metastasis of adenocarcinoma

Discussion

Splenic metastases from colo-rectal carcinoma (CRC) are very rare. To date, there are only 41 reported cases in the literature, with the majority being metachronous tumors [1]. Splenic CRC metastases generally occur in the presence of disseminated disease [2]. Many theories exist regarding the low incidence of splenic metastases from colon cancer. The sharp angulations of the splenic artery with its origin on the celiac trunk and the rhythmic contraction of the spleen have been proposed as two limiting factors [3]. Metastasis to the spleen should be considered if the patient has signs or symptoms of splenomegaly or a well-circumscribed lesion in CT scan or ultrasound. PET-CT imaging shows an isolated hypermetabolic lesion in the spleen[4]. Splenectomy may be

* Correspondence to: Abed Khalaileh, Department of Surgery, Hadassah Hebrew University Medical Center, Ein Kerem, POB 12000, Kyriat Hadassah, Jerusalem, Israel, 91120

Tel: +972-2-6779500; Fax: +972-2-6779510; Email: hbedk@hadassah.org.il

justified in the presence of isolated splenic metastatic disease, since it is an operation with a low complication rate and is potentially curative[5].

Our patient had a very aggressive disease with several tumor recurrences after surgery and chemotherapy. Her very high uptake levels in PET-CT suggested a metabolically active process in her spleen. Although very uncommon, especially as an isolated lesion, the mass was suspected to be a metastasis and patient was taken to the operating room for splenectomy. Pathology of the spleen demonstrated a 5.5 cm metastatic moderately to poorly differentiated adenocarcinoma [figure 2]. Metastatic carcinoma was noted in four lymph nodes as well. The morphologic appearance of the carcinoma was similar to that of the biopsy from her previous surgery. The patient recovered well from the operation and was referred for adjuvant oncological treatment.

Figures

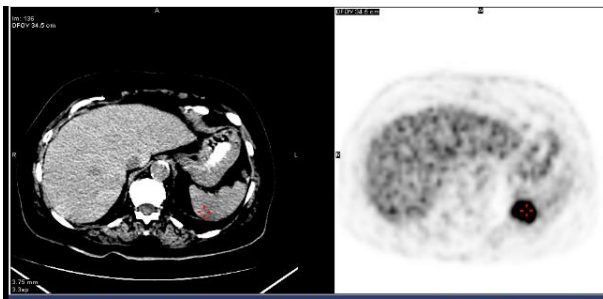


Figure 1: PET-CT showing solitary lesion with high uptake in the spleen



Figure 3: Macroscopic view of the mass in the spleen

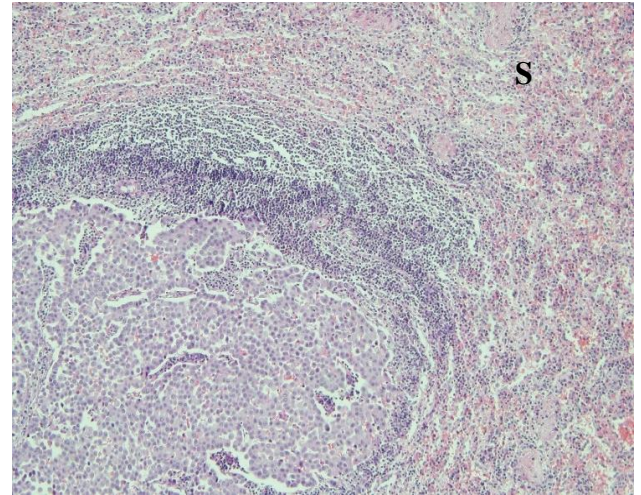


Figure 2: Metastatic poorly differentiated adenocarcinoma (lower left corner) in spleen (S)

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