


PS05 Splenoza u aspleničnog pacijenta nakon splenektomije

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Uvod: Splenoza je benigno stanje do kojeg dolazi autotransplantacijom tkiva slezene nakon traumatske rupture ili splenektomije. Obično se nalazi unutar peritonealne šupljine, no u nekim slučajevima se ektopično tkivo slezene može naći i u toraksu, zdjelici te intrakranijalno.

Prikaz slučaja: Šezdesetmogodišnji pacijent obrađivan je zbog žute pigmentacija šaka na Zavodu za endokrinologiju i dijabetes. Iz osobne anamneze saznajemo o njegovoj splenektomiji 2011. godine nakon traumatske rupture slezene. Uz uredne laboratorijske pretrage, na ultrazvuku abdomena nađena je suspektna tvorba u projekciji lijeve nadbubrežne žlijezde. Učinjen je MSCT abdomena na kojem je nađena mekotkivna hipervaskularna bilobularna tvorba u bliskom kontaktu s lijevom nadbubrežnom žlijezdom dimenzija 4,8 x 3,5 cm. Također nađena su tri ektopična splenična fokusa promjera do 1,7 cm. U daljnoj dijagnostici učinjena je scintigrafija slezene Tc-99m koloidom te je nađeno više fokusa patološkog nakupljanja u mekotkivnim tvorbama. Najveća je smještena kranijalno od lijevog bubrega, veličine 4,5 x 4,2 cm, a još četiri fokusa smještena su u području lijevalne fleksure i silaznog dijela kolona lateralno. U konačnici je scintigrafski najveće nakupljanje u tvorbi proglašeno ostatnim tkivom slezene nakon splenektomije, a ostali fokusi odgovaraju splenozi.

Zaključak: U svih pacijenata s poviješću splenektomije ili traumatske ozljede slezene treba u diferencijalnoj dijagnozi uz maligne tumore razmišljati i o splenozi jer sudeći prema svemu nije rijedak klinički nalaz.

Splenosis in an asplenic patient after splenectomy

Keywords: autotransplantation, splenectomy, splenosis

Introduction: Splenosis is a benign condition that occurs by autotransplantation of spleen tissue after a traumatic rupture or splenectomy. It is usually found within the peritoneal cavity, but in some cases ectopic spleen tissue can also be found in the thorax, pelvis, and cranial cavity.

Case report: A 68-year-old patient was examined for yellow pigmentation of the hands at the Department of Endocrinology and Diabetes. We learn from his personal history of his splenectomy in 2011 after a traumatic rupture of the spleen. In addition to regular laboratory tests, a suspicious formation was found on the ultrasound of the abdomen in the projection of the left adrenal gland. An abdominal MSCT was performed on which a soft-tissue hypervascular bilobular formation was found in close contact with the left adrenal gland measuring 4.8 x 3.5 cm. Three ectopic splenic foci up to 1.7 cm in diameter were also found. In further diagnosis, scintigraphy of the spleen with Tc-99m colloid was performed and multiple foci of pathological accumulation were found. The largest is located cranially from the left kidney, measuring 4.5 x 4.2 cm, and four more foci are located in the area of the lenal flexure and the descending part of the colon laterally. Ultimately, scintigraphically the largest accumulation in the formation was declared to be residual spleen tissue after splenectomy and other foci correspond with splenosis.

Conclusion: In all patients with a history of splenectomy or traumatic splenic injury, splenosis should be considered in the differential diagnosis in addition to malignant tumors, as it is apparently not a rare clinical finding.