

# CLINICAL IMAGE

## A middle-aged lady with giant splenic lesion

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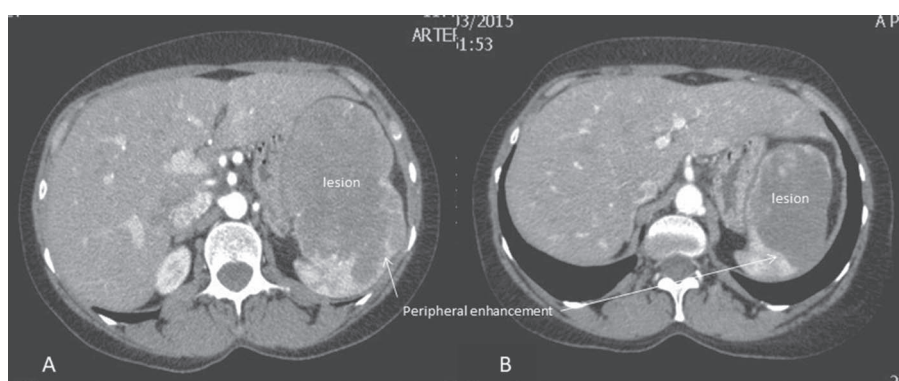
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A 55-year-old female presented with 6-month history of vague left upper quadrant (LUQ) abdominal pain and early satiety. Clinical examination was unremarkable, except for vague fullness with deep tenderness in the LUQ. The routine blood tests revealed hypochromic microcytic anemia only. Computed tomography (CT) scan showed an enlarged spleen with a large lesion (11.0 × 8.0 × 7.7 cm) in the upper pole, with peripheral enhancement in the arterial phase and peripheral to central progression in the venous phase, raising the possibility of splenic hemangioma (Fig. 1A).

She underwent selective embolization but developed post-embolization syndrome (abdominal pain, nausea, and fever), which was treated symptomatically. She was offered laparoscopic partial splenectomy (LPS) 4 months later, but she declined. She reappeared 1 year later complaining of LUQ pain. Repeat CT scan demonstrated interval size regression (8.3 × 5.8 × 5.3 cm)

(Fig. 1B). She again declined the option of LPS. She remained well at 30-month follow-up.

Splenic hemangioma remains the most common benign neoplasm of the spleen. It is asymptomatic in 80% of cases and usually discovered incidentally during radiological imaging for other abdominal disorders [1]. The diagnosis is made on CT scan and confirmed by magnetic resonance imaging [2]. Splenectomy is the treatment of choice to avoid spontaneous rupture and exclude suspicious primary or secondary pathology [1]. Embolization is effective in causing infarction of the lesion with subsequent size reduction [1, 3]. It is commonly offered to patients with large hemangiomas who are unfit for surgery. However, complications may occur such as post-embolization syndrome (PES), abscess formation, future revascularization, and failure of lesion regression [1]. PES is the most common side effect of embolization. It occurs in 30–78% of cases but generally



**Figure 1:** A CT scan (axial view, arterial phase) of the abdomen performed at presentation showing an enlarged spleen with a giant upper splenic pole lesion (11 × 8.0 × 7.7 cm). The lesion exhibited peripheral enhancement in the arterial phase (Panel A) and peripheral to central enhancement progression in the venous and delayed phases. Panel B shows the CT scan (axial view, arterial phase) performed 1 year after partial splenic embolization showing interval regression in the lesion size (now 8.3 × 5.8 × 5.3 cm vs. pre-embolization size 11.0 × 8.0 × 7.7 cm).

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resolves spontaneously without sequelae [4, 5]. Embolization was performed in this patient to facilitate LPS by reducing intra-operative bleeding [6]. LPS combines the benefits of the minimally invasive surgery and splenic tissue preservation, thereby preserving the immune function.

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None.

## CONFLICT OF INTEREST STATEMENT

None declared.

## FUNDING

None.

## CONSENT

Written consent was obtained from the patient and is available upon request.

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