

Splenosis of douglas fossa 15 years after traumatic splenectomy mimicking pelvic masses

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To the Editor: A 49-year-old woman with a 15-year history of splenectomy due to accident trauma presented with asymptomatic small-sized masses staying at the Douglas fossa in a routine obstetric examination. She was immediately admitted into Affiliated Hangzhou First People's Hospital, Zhejiang University School of Medicine for further evaluation. Abdominal palpation and laboratory tests noted no particular findings. Vaginal ultrasound showed a few unconnected masses of variable size ranging from 1 cm to 4 cm, apart from the uterus. Computed tomography revealed multiple soft-tissue shadows with no

enhancement [Figure 1]. Regarding her splenectomy and imaging findings, ectopic spleen autotransplantation (ESAT) was considered. Splenic tissue seeding refers to spontaneous ESAT following traumatic splenic injury or splenectomy.^[1-5] Some fragments can survive in all possibilities of final staying location, and more frequently seen in abdominal cavity such as pelvic peritoneum.^[1,2,4,5] The majorities of splenosis will not bring about any clinical presentations. More importantly, these seeded splenic chips can embrace partial performance of the normal spleen once they take shape (for example, protection

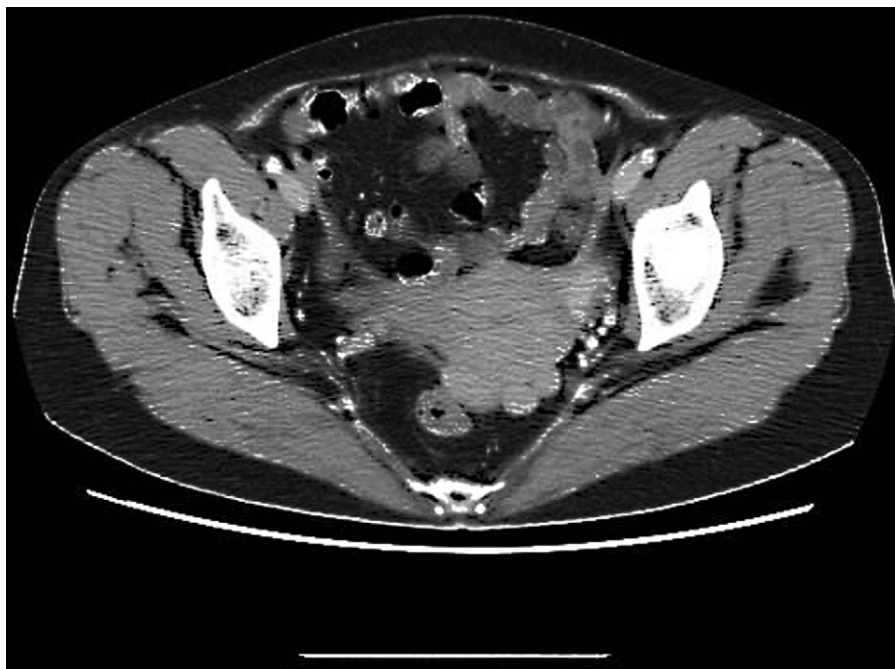


Figure 1: In a 49-year-old woman with splenosis of douglas fossa, computed tomography of the pelvic cavity (axial view) showed multiple soft-tissue shadows with no enhancement.

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against potential of severe infection after splenectomy); therefore, for asymptomatic patients, intervention is unnecessary.^[1,3,5] As to date, radionuclide splenic imaging (using [99m] Tc-sulfur colloid radioactivity), fine-needle biopsy, and laparoscopy exploration may be favorable for making a conclusive diagnosis. However, if these seeds lead to obvious complications such as small bowel obstruction during their growing and developing courses, or when they are difficult to differ from malignant tumors, laparoscopic surgery is indicated. In this case, if necessary, biopsy via culdocentesis will be performed for further confirming initial interpretation, but close surveillance ought to be more optimal option. Hence, she was discharged with no treatment. At 1-year follow-up, the masses kept their previous position with no change. This case suggested the bottom of pelvic peritoneum might be a potential location for spleen implants when and if lack of omentum, aiming to safely preserve partial function of spleen.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that

her names and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

Conflicts of interest

None.

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