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Letter to the Editor: Usefulness of contrast-enhanced ultrasound–Intrapancreatic accessory spleen mimicking malignant tumor

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I read with interest the case report by Munk-Madsen et al. entitled "Intrapancreatic accessory spleen mimicking malignant tumor" (1).

The authors present three cases of pancreatic lesions that underwent pancreatic surgery due to suspicion of malignancy on imaging; all cases were histologically intrapancreatic accessory spleens. Although they performed contrast-enhanced computed tomography (CT), Ga-68-Dotatoc PET/CT, and Tc-99m-pertechnetate SPECT, they did not perform contrast-enhanced ultrasound (CEUS). The CEUS could prove both hypervascularity in the early arterial phase and the existence of reticuloendothelial cell systems in the mass in the delayed phase (2), which is the key to the diagnosis of an accessory spleen. Hence, if the CEUS was performed, the three cases could show persistent delayed-phase enhancement and none of them might need surgery. The CEUS might become a standard imaging technique for the diagnosis of an accessory spleen (3–5). Further, I think the CEUS is a non-invasive imaging technique superior to endoscopic ultrasound fine-needle aspiration biopsy for the diagnosis of an accessory spleen.

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Author's response

Thank you for your comment on our case report "Intrapancreatic accessory spleen mimicking malignant tumor."

Using contrast-enhanced ultrasound to diagnose accessory splenic tissue in the pancreatic tail, supported by the hypervascularity and the existence of the reticuloendothelial system in the spleen, is an interesting aspect.

For the time being, the ultrasound contrast agent Sonazoid, which is taken up by splenic macrophages, is not generally approved in Europe, so it has limited availability in a European setting.

Best regards,
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