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Case Report

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A rare, benign, tumor-splenic vein hamartoma

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ABSTRACT

Splenic hamartoma, which is one of the primary benign tumors of the spleen, is usually asymptomatic and is typically detected incidentally on imaging. It is also difficult to diagnose and to distinguish from malign tumors with preoperative tests, and therefore, splenectomy should be performed to confirm the histological diagnosis. Presently described is the case of a 58-year-old male patient who underwent laparoscopic splenectomy due to a splenic mass and was subsequently diagnosed with splenic hamartoma.

Keywords: Hamartoma; laparoscopic splenectomy; spleen.

Introduction

Primary benign tumors of the spleen are cyst, hemangioma and hamartoma.[1] Hamartomas are usually asymptomatic and detected incidentally on imaging.[1,2] Since the first case of splenic hamartoma was described by Rokitansky,[3] more than 150 cases have been reported, with an incidence of 0.024% to 0.13% given in a review of autopsies. It is a tumor that contains red pulp and may be of different sizes. Although it is more common among the elderly, it may occur in any age group. It is challenging to diagnose, as there may be different morphological variations.[4] In this case report, we aimed to present a patient who was diagnosed with splenic hamartoma after laparoscopic excision.

Case Report

A 58-year-old male was referred to our clinic by our colleagues from the department of infectious diseases with the preliminary diagnosis of splenic mass which had been detected incidentally while the patient had been undergoing his follow-up tests due to previous diagnosis of Brucella. There was a palpable, nontender mass in the left upper quadrant on physical examination. Blood tests including tumor markers were normal. Abdominal ultrasound showed a solid mass with the size of 6x7 centimeter (cm) in the spleen. Magnetic resonance imaging of the abdomen also revealed the same lesion. A laparoscopic splenectomy was performed with these findings (Fig. 1). The patient was discharged uneventfully on the third postoperative day. Histopathological and immunohistochemical result was reported as “Splenic Hamartoma” which was measured 13x10x5 cm. The patient has been stil followed up and there is no evidence of additional disorder.

Discussion

Most of the splenic hamartomas are asymptomatic and usually detected incidentally during autopsy or while performing screening tests for other reasons.[2] However, some huge lesions may display clinical signs such as splenomegaly, palpable mass, spontaneous rupture, anemia, thrombocytopenia and digestive symptoms.[5]

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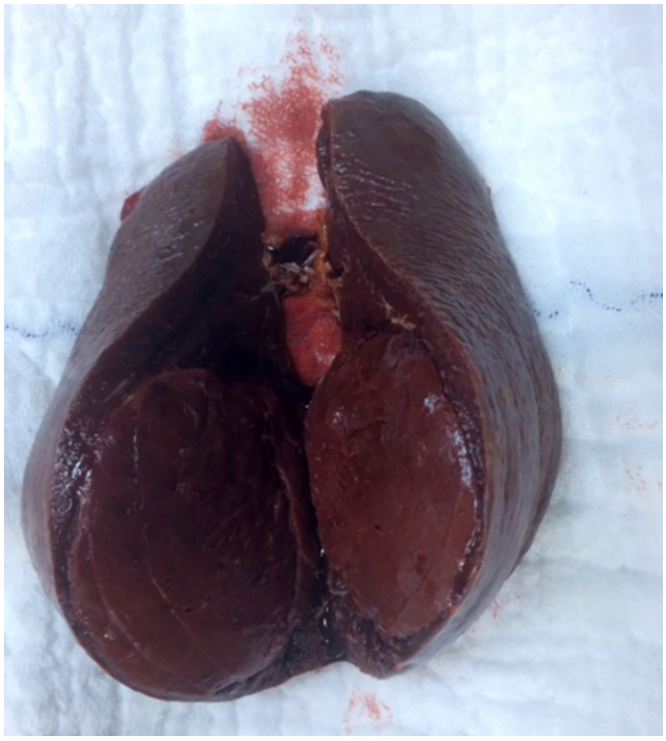

Figure 1. Spleen hamartomu cross-sectional view.

It may occur at any age group without showing any difference in gender, but huge lesions are mostly seen in females, probably due to hormonal effects.[1] Tumor size ranges from a few millimeters to 20 cm.

Our patient did not have any complaints. The splenic mass was detected incidentally while the patient had been undergoing his follow-up tests due to previous diagnosis of Brucella. Tumor size was reported as 13 cm.

It is challenging to diagnose splenic hamartoma because of its variable histological appearance which is related to the ratio of cellular and vascular component it contains. Ultrasonography findings generally involve hyperechogenic masses without cystic areas or calcifications.[5] It is detected as a hypervascular mass with color-duplex sonography. It appears as an encapsulated mass with smooth borders in abdominal tomography and magnetic resonance imaging.[6] We also had similar findings in our case.

The origin of the splenic hamartomas is still controversial. Some consider them to be congenital malformations of the splenic red pulp, others to be neoplasms of the splenic red pulp or post-traumatic reactive lesions.[7] Hemangiomas, lymphangiomas, hemangioendotheliomas and angiosarcomas constitute pathological differential diagnosis. Radiological differential diagnosis includes inflammatory myofibroblastic tumor, lymphoma and metastatic tumors.[5]

It is difficult to distinguish splenic hamartomas from malign tumors with screening tests. Therefore laparoscopic splenectomy should be performed in order to confirm the histological diagnosis when there is a suspicion

Disclosures

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