

AB154. SOH22ABS135. Laparoscopic distal pancreatectomy and splenectomy for an intrapancreatic accessory spleen—a case report and review of the literature

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Background: This case serves as a reminder to consider ectopic splenic tissue in the differential diagnosis of pancreatic masses. The literature shows a lack of awareness and overtreatment of this condition due to clinical and radiologic concern for malignancy, namely neuroendocrine tumours, metastases.

Methods: A 68-year-old lady with a background history of renal cell carcinoma presented with an incidental finding of a 2.1 cm hyper enhancing focus in tail of pancreas. Triphasic CT, magnetic resonance imaging (MRI) pancreas, endoscopic ultrasound and biopsy were carried out to assess the lesion. Case discussed at multidisciplinary team meeting—decision for surgery. Successful laparoscopic distal pancreatectomy and splenectomy was performed. Histology revealed an intrapancreatic accessory spleen.

Results: Incidence of accessory spleens are found in 10–30% of patients on autopsy, and 16% of patients undergoing contrast enhanced abdominal CT. The most common location for an accessory spleen is splenic hilum (75%) and pancreatic tail (25%). Intrapancreatic accessory spleens (IPAS) may mimic primary and secondary pancreatic malignant neoplasms such as pancreatic neuroendocrine

tumour, acinar cell carcinoma, ductal adenocarcinoma, and metastatic carcinoma. Despite the high diagnostic accuracy of imaging studies, IPAS is often unidentified and unnecessary surgery is performed in up to 66.6% of cases.

Conclusions: A combination of CT, MRI, Technetium 99-m Heat damaged red blood cell scintigraphy, 68-Ga-PET-CT, and Endoscopic ultrasound-fine needle aspirate biopsy could be necessary for a diagnosis of IPAS because none of them are individually conclusive.

Keywords: Intrapancreatic; accessory spleen; distal pancreatectomy; splenectomy; HDRBC

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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