

Planted spleen fragments misdiagnosed as hepatic cancer

Yang Wang¹, Houxian Liu², Guochu Qin¹, Xiaoyan Wu¹, Bin Zhu¹

¹Department of Radiology, the Affiliated Nanjing Drum Tower Hospital of Nanjing University Medical School, No. 321 Zhongshan Road, Nanjing 210008, China; ²Department of General Surgery, Fenghua Hospital, Fenghua 315500, China

Corresponding to: Prof. Bin Zhu, M.D. Department of Radiology, the Affiliated Nanjing Drum Tower Hospital of Nanjing University Medical School, No. 321 Zhongshan Road, Nanjing 210008, China. Email: gobin10266@163.com.



Submitted Aug 22, 2012. Accepted for publication Sep 26, 2012.

DOI: 10.3978/j.issn.2223-4292.2012.09.05

Scan to your mobile device or view this article at: <http://www.amepc.org/qims/article/view/1084/1380>

A 61-year-old man, who had hepatitis B for many years, presented for a routine abdominal examination and a liver mass was found by the routine B-mode ultrasound examination. Five years ago the patient received splenectomy for a traumatic splenic rupture and the mass was the spleen fragments which were planted in the liver, but the patient was initially misdiagnosed as liver cancer.

The patient had no complaint of abdominal pain, bloating and nausea, no symptoms of haematemesis, vomiting, melena or yellow eyes. He had good sleep and appetite, and no significant weight loss. His stool and urine examinations were normal. Physical scleral jaundice was negative and the liver was not palpable under the costal margin; he had no percussion pain, and ascites was negative. Serum biomarkers shows CEA 3.93 ng/mL (local reference range: 0-10 ng/mL), CA199 3.50 U/mL (local reference range: 0-39 U/mL), and AFP 2.69 ng/mL (local reference range: 0-10 ng/mL). Abdominal MR and CT diagnosed the patient had hepatic cancer (*Figure 1*). Preoperative diagnosis: 1. Liver mass: hepatic cancer? 2. Post splenectomy changes.

A laparotomy was performed under general anesthesia. A protruding liver mass close to adhesions around the diaphragm was found in segment VII. The mass was about the size of 25.0 mm × 40.0 mm, with a hard texture and unclear boundary with the surrounding liver. During the operation a quick frozen pathology showed it was residual spleen tissue (*Figure 2*). The resection of liver mass continued. After surgery, the patient was injected with ceftriazone against infection for two days. The patient had a good recovery, and the stitches were removed on the 10th day. Follow-up for the patient was uneventful.

Acknowledgements

Disclosure: The author declares no conflict of interest.

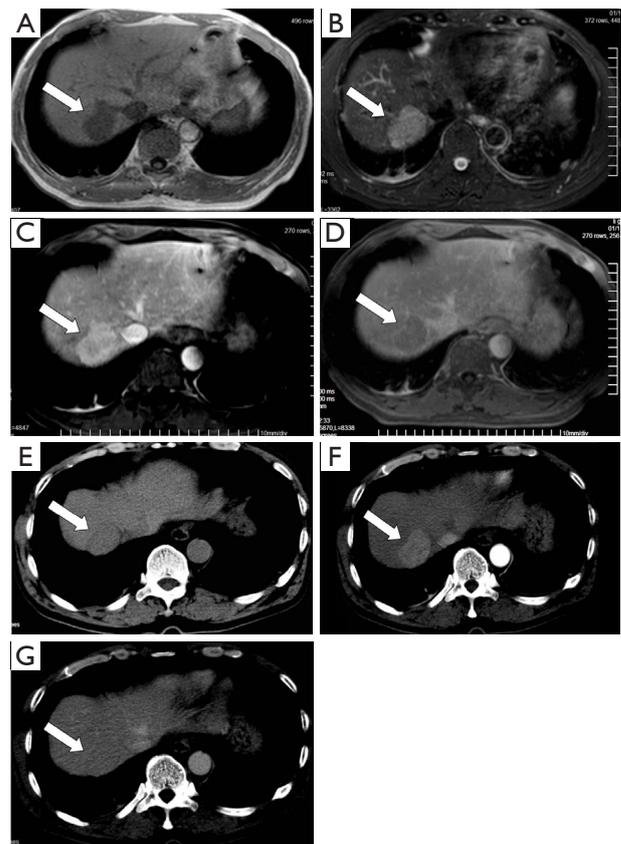


Figure 1 A & B. Gradient echo T1 weighted MR image (A) demonstrates a hyposignal mass in liver and fast spin echo T2 weighted MR image (B) shows a hypersignal mass (white arrows). C. Contrast enhanced gradient echo T1 weighted image shows remarkable enhancement of the mass (white arrow). D. Delayed enhanced MR imaging shows hyposignal characterization of the mass (white arrow). E. Non-enhanced CT shows the isodensity mass (white arrow) has unclear boundary. F. CT shows the mass (white arrow) has abundant blood supply from the hepatic arteries. G. The density of mass (white arrow) is consistent with the liver in venous phase

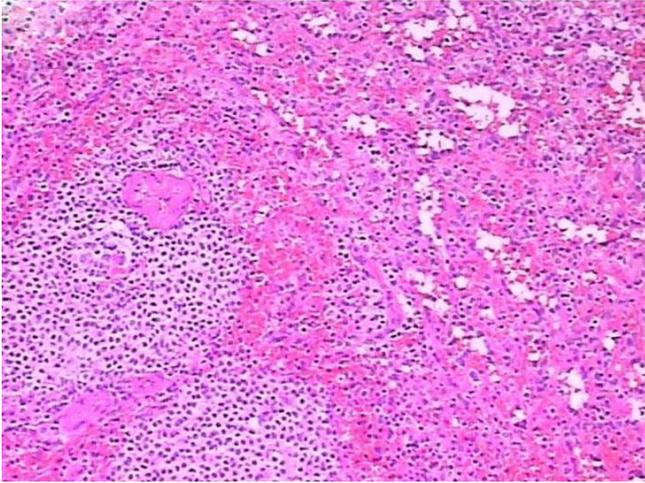


Figure 2 Photomicrograph (HE×10) of specimen from the mass demonstrates spleen tissue

Cite this article as: Wang Y, Liu H, Qin G, Wu X, Zhu B. Planted spleen fragments misdiagnosed as hepatic cancer. *Quant Imaging Med Surg* 2012 Sep 26. DOI: 10.3978/j.issn.2223-4292.2012.09.05