Intrapancreatic Accessory Spleen, An important consideration that can reduce invasive interventions in the evaluation of Pancreatic Lesions

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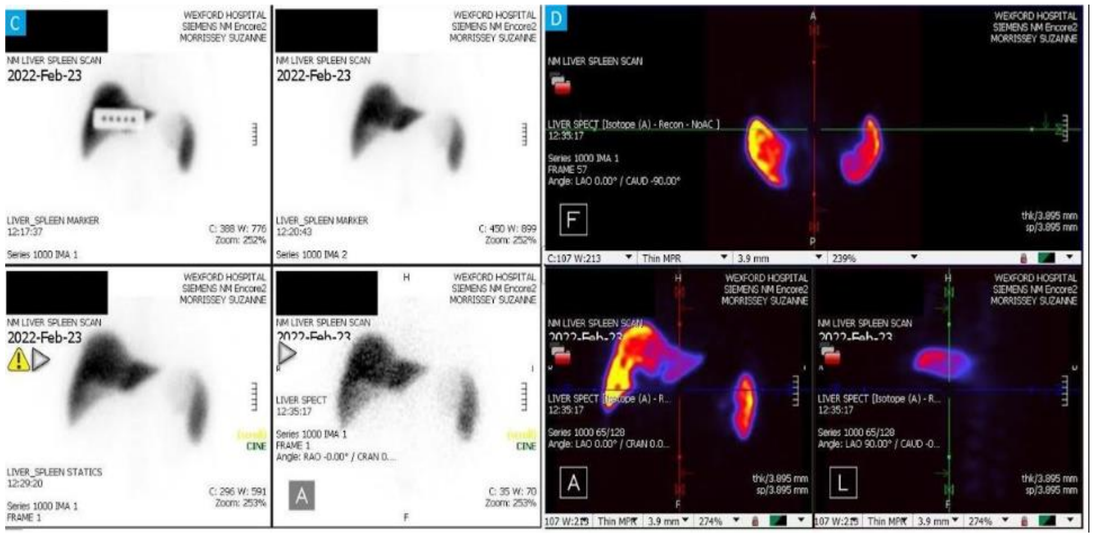
Introduction

The evaluation, diagnosis and management of pancreatic lesions is determined by radiographic imaging and Endoscopic Ultrasound with biopsy. We present a case of a pancreatic tail lesion that highlights the importance of considering an intrapancreatic accessory spleen within a differential diagnosis.

Case Presentation

- A 48-year-old Caucasian male with a history of recurrent sigmoidal diverticulitis (complicated by a para-colonic abscess) and Clostridium difficile colitis, presented to an outpatient appointment for the evaluation of a pancreatic tail lesion that was incidentally identified on a CT abdomen/pelvis with contrast. Physical examination revealed that the patient was negative for scleral icterus, jaundice and patient had a benign abdominal exam.
- Lab findings revealed a normal complete blood count, complete metabolic panel and lipase level. CT abdomen/pelvis with contrast was reviewed which revealed a 2.1 cm hyperdense, hyper vascular lesion localized within the pancreatic tail which was concerning for a pancreatic neuroendocrine tumor.
- Upon detailed review, the patient was determined a suitable candidate for EUS with biopsy. However, the patient was concerned regarding the risk of malignant seeding with trans gastric biopsy. Prior to proceeding with biopsy Gastroenterology recommended a Nuclear Medicine liver spleen scan.

- A NM scan was performed which revealed a 2.1 cm contrast-enhancing soft tissue density in the pancreatic tail, which was most compatible with intrapancreatic accessory spleen. No further diagnostic or therapeutic interventions were required given the benign nature of the patient's diagnosis.



Discussion

- Patients with incidental findings of pancreatic lesion with characteristic findings generally require invasive work-up (E.g., EUS with biopsy) for diagnosis and management.
- IPAS is an important consideration in patient’s with intrapancreatic lesions given its benign nature and benefits of avoiding invasive procedures and possible complications from them.

Conclusions

This case highlights the importance of the consideration of an intrapancreatic accessory spleen during the evaluation of pancreatic body and tail lesions, as clinicians can prevent unnecessary invasive diagnostic and surgical procedures ultimately reducing patient morbidity and mortality.

References

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