Giant Cavernous Haemangioma of the Wandering Spleen

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Abstract Cavernous haemangioma is a rare disorder of the spleen with fewer than 100 cases reported [1]. Spleen may have an unusual degree of mobility and occupy an atypical location in less than 0.2 % of all the patients [2] Wandering spleen has been associated with incomplete fusion or even absence of gastrosplenic and lienorenal ligaments [3]. A 36-year-old woman presented with a six-month history of pain in the left hypochondrium and a massive splenomegaly. Ultrasonography, Doppler studies, and computed tomography were performed. Ultrasonography showed a large heterogeneous solid cystic mass, measuring 11.2 cm × 10.6 cm, located in the pelvis. Thin soft tissue connecting this mass to spleen noticed. Spleen was malrotated & in left lumbar fossa. Doppler studies shows prominent vessels at the periphery of the mass with high velocity external flow and scanty vascularity at the centre, probably suggesting haemangioma. Contrast-enhanced computed tomography (CECT) of the abdomen showed spleen in left lumbar region with a large heterogeneous, predominantly cystic mass lesion measuring 11.2 x 10.6 cm seen arising from diaphragmatic surface of lower pole of the spleen (Fig. 1), findings were suggestive of wandering spleen with a haemangioma or a hydatid cyst. The patient was explored by a left paramedian incision under general anaesthesia. Peroperatively, there was a malrotated enlarged spleen with a large solid lesion confined to the lower half of the spleen (Fig. 2). Gastrosplenic ligament was not visualized. Total splenectomy was done after ligating the splenic artery as the main splenic artery was supplying the mass.

Keywords Cavernous hemangioma · Wandering spleen · Splenectomy

Cavernous hemangioma is a rare disorder of the spleen with fewer than 100 cases reported [1]. The spleen may have an unusual degree of mobility and occupy an atypical location in less than 0.2% of all the patients [2]. A wandering spleen has been associated with incomplete fusion or even absence of gastrosplenic and lienorenal ligaments [3].

A 36-year-old woman presented with a 6-month history of pain in the left hypochondrium and a massive splenomegaly. Ultrasonography, Doppler studies, and computed tomography were performed.

Fig. 1 CECT coronal image showing spleen in left lumbar region with a large predominantly cystic mass lesion at lower pole of spleen

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Fig. 2 Intraoperative image showing large lower pole splenic mass with its vascular pedicle

Ultrasonography showed a large heterogeneous solid cystic mass, measuring 11.2×10.6 cm, located in the pelvis. Thin soft tissue connecting this mass to the spleen was noticed. The spleen was malrotated and found in the left lumbar fossa. Doppler studies shows prominent vessels at the periphery of the mass with high-velocity external flow and scanty vascularity at the centre, probably suggesting hemangioma.

Contrast-enhanced computed tomography (CECT) of the abdomen showed the spleen in the left lumbar region with a large heterogeneous, predominantly cystic mass lesion

measuring $11.2 \text{ cm} \times 10.6 \text{ cm}$ seen arising from the diaphragmatic surface of lower pole of the spleen (Fig. 1). The findings were suggestive of the wandering spleen with a hemangioma or a hydatid cyst.

The patient was explored using a left paramedian incision under general anesthesia. Preoperatively, there was a malrotated enlarged spleen with a large solid lesion confined to the lower half of the spleen (Fig. 2). The gastrosplenic ligament was not visualized. Total splenectomy was done after ligating the splenic artery. Total splenectomy was done after ligating the splenic artery as the main splenic artery was supplying the mass.

Histopathology showed cavernous hemangioma with areas of infarction necrosis. It is extremely rare to have a wandering spleen with such a massive solitary splenic hemangioma.

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