CLINICAL SNAPSHOT

Diagnosis: Splenosis

In a 43-year-old man, rectal cancer (T3c on MRI criteria) with lymph-node metastases (*Figure a*) was confirmed by examination of endoscopically obtained biopsy samples. Further investigation (thoracic and abdominal computed tomography and magnetic resonance imaging of the pelvis minor) revealed numerous nodular foci throughout the abdomen. The patient reported abdominal trauma with rupture and resection of the spleen 27 years earlier. Splenic scintigraphy with ^{99m}Tc-marked heat-damaged red blood cells was performed to determine whether these nodules represented peritoneal carcinosis or splenosis (*Figure b*). In the course of degeneration, heat-damaged red blood cells accumulate in splenic and hepatic tissue. The scintigraphy confirmed the suspicion of secondary splenosis. The rate of intra-abdominal autotransplantation of splenic tissue following rupture and post-traumatic resection of the spleen is reported in the literature as 65 to 80%. After neoadjuvant radiochemotherapy and restaging, surgical treatment of the patient's rectal cancer was planned.

- a) MRI of the pelvis minor in the sagittal plane: X, rectal cancer; arrow, lymph-node metastasis
b) Maximum-intensity projection of splenic scintigraphy in the frontal plane: numerous abdominal "hotspots" with physiological appearance of the liver (*); in a fusion of the SPECT and MRI slices (not shown) the abdominal splenic foci showed up as hotspots.

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