CLINICAL SNAPSHOT

Splenic Cyst Following Abdominal Trauma?

A 73-year-old man attended the emergency department with left upper abdominal pain. He reported blunt trauma 4 weeks earlier, together with deterioration of general health and weight loss. He was referred to the surgical department. Sonography and computed tomography (*Figure*) demonstrated a giant splenic cyst with *displacement* of the stomach and pancreas towards the midline and left-sided elevation of the diaphragm. The cyst was suspected to be traumatic in origin. Serologically there was no sign of echinococcosis. After the appropriate vaccinations, the patient underwent open splenectomy en bloc. Surprisingly, histology showed infiltration by a diffuse large-cell B-cell lymphoma (DLBCL), prompting transfer of the patient to the hematological department. The further diagnostic work-up revealed no other signs of lymphoma. The patient received chemotherapy (rituximab/bendamustine) and remains relapse-free 5 years after diagnosis. Primary splenic lymphoma is extremely rare, usually taking the form of DLBCL or splenic marginal zone lymphoma.

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Computed tomography, coronary reformatting.

Splenic cyst at upper pole (circa 17 × 17 × 12 cm, uppermost portion not visualized) with left-sided elevation of diaphragm. The cyst is circumscribed by a narrow parenchymal rim of circa 0.5 cm; somewhat diffuse transition to splenic parenchyma, but no typical signs of malignancy. The gallbladder can be seen at the lower margins of the right hepatic lobe (segment 6).