

## Report of a rare case of accessory spleen with sickle cell anemia

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### ABSTRACT

*Accessory spleens, also known as supernumerary spleens, splenunculi, or splenules, are congenital foci of healthy splenic tissue that are separate from the main body of the spleen, with a reported incidence of 10% in the general population.*

*The patient was a 21 year old woman who had a long history of sickle cell anemia and was under treatment with hydroxyurea and folic acid. Sub-total splenectomy and spleen surgical resection was performed.. The patient was followed up for 9 months after surgery and no problem.*

**KEYWORDS :** Accessory spleen, Splenectomy, splenic

### Introduction

Accessory spleens, also known as supernumerary spleens, splenunculi, or splenules, are congenital foci of healthy splenic tissue that are separate from the main body of the spleen, with a reported incidence of 10% in the general population. However 16% of the accessory spleen is found in the pancreatic tail (1- 3). The epidermoid cyst formed in the accessory spleen within the pancreatic tail is an extremely rare disease. It has been reported only about ten times worldwide since initial report by Davidson et al. (4) in 1980.

### Case Report

The patient was a 21 year old woman who had a long history of sickle cell anemia and was under treatment with hydroxyurea and folic acid. In recent years, the patient was undergoing diagnostic procedures for severe and recurrent abdominal pain. The only positive finding of severe splenomegaly (Huge Splenomegaly) along with refractory anemia drug. Given that the crisis could cause ischemic pain is splenic surgery patients who were total splenectomy. Necessary actions before the operation was performed, and the only problem is the lack of consistent enough blood to patients. The patient had no history of blood transfusion was given that problems before surgery include: abdominal pain was refractory and refractory anemia.

Midline laparotomy incision was performed with the patient undergoing surgery. Exploration of the abdomen with positive findings include: Huge Splenomegaly at the base of the main artery splenic vascular pedicle was transverse meso-colon. Other studies were normal. Sub-total splenectomy and spleen surgical resection was performed. Because of anemia, the patient during surgery and hospital length of stay in the intensive blood cell transfusion of 2 units Shd.bymar after 5 days of being discharged from hospital. The patient was followed up for 9 months after surgery and no problem.

### Discussion

Accessory spleens are found in approximately 10% of the population and 80% of accessory spleens are located around the splenic hilum, although they can occur anywhere in the peritoneal cavity from the diaphragm to the pelvis. However, they most often occur in the gastrosplenic or splenorenal ligaments, the mesentery, or even the pelvis or scrotum. Intrapancreatic accessory spleens are infrequent and only 16% of the accessory spleens were within the pancreatic tail in an autopsy study. (5)

An epidermoid cyst is a cyst lined by a stratified squamous epithelium that lacks hair or skin appendages. Epidermoid cysts in an accessory spleen are relatively rare, and only 12 cases have been reported in the English literature. (6-9)

The preoperative diagnosis of this disease is difficult. Epidermoid cyst in an intrapancreatic accessory spleen should be considered in the differential diagnosis of pancreatic tail tumors.



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