



## NON TRAUMATIC PSEUDOCYST OF THE SPLEEN - A CASE REPORT

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### ABSTRACT

Splenic cysts are very rare, however pseudocysts are more common than true cysts. Pseudocysts are characterized by lack of epithelial lining. This case is important in the clinical scenario when the patient presents with left hypochondrial pain.

**KEYWORDS** : Splenectomy, splenic pseudocyst

### INTRODUCTION:

Splenic cystic lesions are relatively uncommon disease entity encountered in surgical practice. In 1829, Andral (1) described the first non parasitic cyst of spleen. Splenic cysts are rare with around 800 cases in the world wide literature (2). Pseudocysts of spleen are more common than true cysts. The splenic cysts can be of two types –

parasitic and non parasitic. The non parasitic cysts can again be classified as true and pseudocysts. True cysts are those which have an epithelial lining and include congenital cysts, epidermoid cysts. Pseudocysts are characterized by lack of epithelial lining. It may be either traumatic, degenerative or inflammatory (3). Here we would like to present a case of non inflammatory, non traumatic splenic pseudocyst, as they are diagnosed rarely and present a diagnostic challenge to clinician.

### CASEREPORT:

35 year old female presented to our hospital with complaints of fever, vomiting and pain abdomen since 4 days. The pain was of dull aching in nature, mostly in the left hypochondrium, occasionally radiating to left shoulder. There was no history of any aggravating or relieving factors. Patient gave no history of trauma to abdomen in the past. Past history was negative for malaria and other hematological disorders. Patient cited no history of similar illness or chronic diseases in her family. On physical examination, there was local rise of temperature and tenderness in the left hypochondrium. On palpation, a mass was felt in the left hypochondrium.

All her hematological and biochemical investigations were within the normal limits.

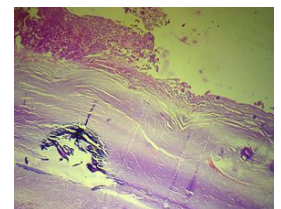
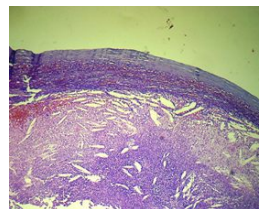
Ultrasonography revealed a large cystic lesion between left lobe of liver and hilum of spleen. CT scan revealed cystic lesion in spleen with wall calcification causing significant mass effect on pancreas, suggestive of hydatid cyst. The patient underwent explorative laparotomy with splenectomy. The surgical specimen was sent to our pathology department. Grossly (FIG NO:1 and 2), we received a partially cut open grey white cystic soft tissue mass weighing approximately 1000g and measuring 22 x 18 x 5 cm. External surface appeared smooth and serial cuts given to the mass showed a large unilocular cyst cavity filled with grey brown haemorrhagic material with inner smooth surface. Part of grey white splenic tissue measuring 10 x 5 cm noted and cut surface was unremarkable. The

histopathological examination (FIG NO: 3 AND 4) revealed a cyst lined by dense fibrous tissue with focal areas of calcification, haemorrhage, cholesterol clefts and gamma gandy bodies. The cyst contained a mixture of haemorrhagic necrotic debris. No parasite was identified.

**FIG NO:1 & 2**



**FIG NO: 3 & 4**



### DISCUSSION:

The etiology of pseudocysts is not clear. It is very important to distinguish pseudocyst of spleen from other benign / malignant splenic cysts so that the right treatment and management options can be followed. Cystic lesions of spleen rarely cause clinical symptoms. However, it is important to diagnose and treat before dreadful complications such as rupture, peritonitis, haemorrhage, infection and abscess formation occur (5,6).

They usually present as an incidental finding in abdominal imaging for some other purpose. There are numerous surgical options for treatment of splenic cysts. Factors to be considered are location of cyst, patient age, presence of unrelenting symptoms, nature of cyst, size of cyst, and patients general condition (7, 8). Total splenectomy is suggested for adult patients, with huge cysts as well as cysts covered with splenic parenchyma or cysts located near hilum (4).

### CONCLUSIONS:

This report serves as a reminder to clinicians in our setting to

consider splenic cyst as a differential diagnosis when evaluating patients with left upper quadrant abdominal pain.

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