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Right sided spleen laying retro-duodenal: A case report and review of the literature



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ABSTRACT

INTRODUCTION: Unlike left sided accessory spleen that are seen in 10–30% of cases at autopsy, cases of right accessory spleens are extremely rare. This congenital body of healthy splenic tissue simulates tumors from neighboring organs and presents a challenge in formulating a differential diagnosis.

PRESENTATION OF CASE: We present the case of a patient whose CT scan of the abdomen showed a large mass, 11 × 8 cm, arising retro-duodenal and lying just anterior to the right kidney. To the best of our knowledge, this is the only case where the accessory spleen was found retro-duodenal, directly anterior to the kidney and completely separate from the supra-renal gland. The chief complaint of the patient was right upper quadrant pain, radiating to the back, and colicky in nature. The patient was diagnosed with duodenal gastro-intestinal stromal tumor and a retro-peritoneal sarcoma. The mass was removed via a Kocher's incision and immunohistological examination showed that it was a right sided accessory spleen. The patient's left sided spleen appeared normal.

DISCUSSION: Efforts to distinguish an accessory spleen from a retroperitoneal tumor with available scans, percutaneous biopsy or biochemical tests are inconclusive. Differential diagnosis between a retroperitoneal tumor and an accessory spleen can only be made after surgical exploration.

CONCLUSION: This case highlights the fact that surgeons should consider the possibility of an accessory spleen when making a differential diagnosis of retroperitoneal tumors.

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1. Introduction

The spleen is the largest lymphoid organ and lies on the left side of the abdomen, between the 9th and 11th ribs, weighing 7 ounces. Accessory spleens are congenital and result from the failure of the primordial splenic buds in the dorsal mesogastrium to fuse during the fifth week of fetal life. Although benign, infarction, trauma and torsion are common complications that may arise from this ectopic tissue [1]. They are relatively common and are seen with 10%–30% frequency at autopsy and in 16% of scans of patients undergoing contrast enhanced computed tomography (CT) [2–4]. This case is that of a patient with a right sided accessory spleen directly anterior to the kidney and completely separate from the supra-renal

gland. To the best of our knowledge, this is the first reported right accessory spleen laying retro-duodenal and second largest reported [5–8] (Table 1).

2. Presentation of case

A 44-year-old male, presented at the hospital with a history of right upper quadrant pain, radiating to the back, and colicky in nature (Table 2). All biochemical tests were unremarkable. He was diagnosed as having biliary colic. The patient subsequently had an abdominal ultrasound scan which showed multiple sub-centimeter gallstones, and a mass arising from the liver (Fig. 1). This was followed by a CT scan of the abdomen with IV contrast which showed a large mass, approximately 11 × 8 cm in diameter, arising retro-duodenal, lying just anterior to the right kidney (Fig. 2). The differential diagnoses included a duodenal gastro-intestinal stromal tumor and a retro-peritoneal sarcoma.

The patient was consented for removal of the mass, and a Kocher's incision was performed. Omental adhesions to the gall-

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Table 1
Summary of cases of right-side accessory spleen.

Author, year	Age (yrs), gender	Presenting symptom	Size	Location
Kim et al., 2008 [8]	68, male	CT detection of right-sided mass	4 × 3.8 cm	Right retroperitoneal region
Arra et al., 2013 [6]	24, male	Thalassaemic patient with self detected right-sided abdominal mass	20 cm	Right suprarenal region
Zhou et al., 2015 [7]	40, female	Untrasound detection of right-sided mass	3.4 × 2.5 cm	Right retroperitoneal region

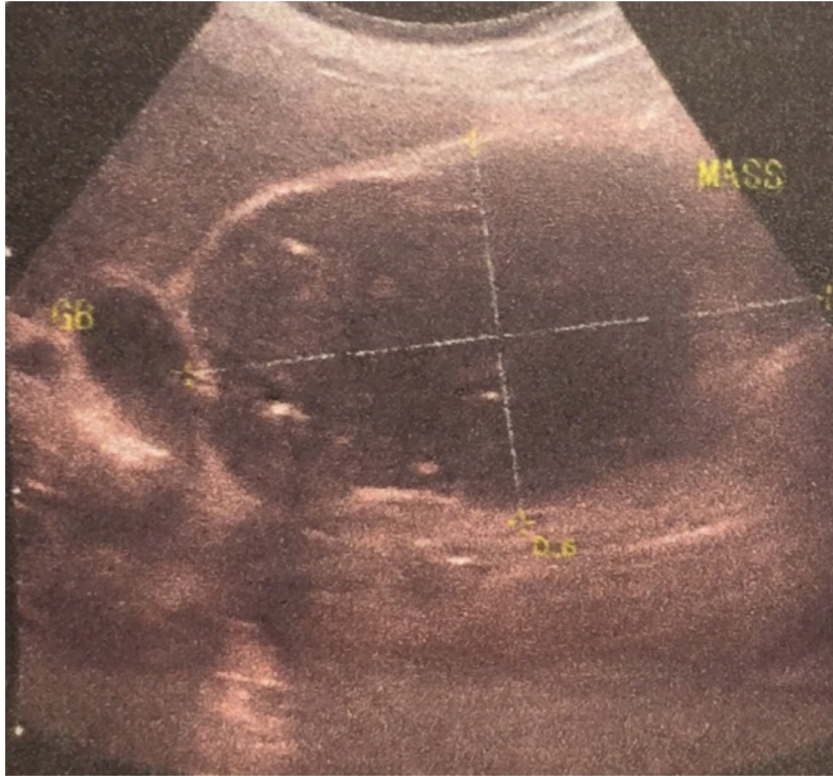


Fig. 1. Ultrasound showing mass adjacent to gallbladder, arising from the liver.



Fig. 2. CT scan showing mass separate from right kidney laying retro-duodenal.

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