

## Case Report

# A Splendid Pelvic Tumor, Indeed

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### Abstract

Accessory spleen is not a common finding, usually located nearby the normal anatomic location of the spleen, oftentimes in the splenic hilum, the great omentum and the pancreas. Pelvic accessory spleen is a very rare finding, mostly asymptomatic and incidentally radiologically detected. Herein, we present an 18 years old male who underwent an investigation for daytime urinary frequency and suspicious small right pelvic mass was demonstrated by both ultrasound and MRI scans. In view of being a

potentially malignant tumor, a robotic-assisted removal was uneventfully performed and the final pathology was surprisingly compatible with an accessory spleen.

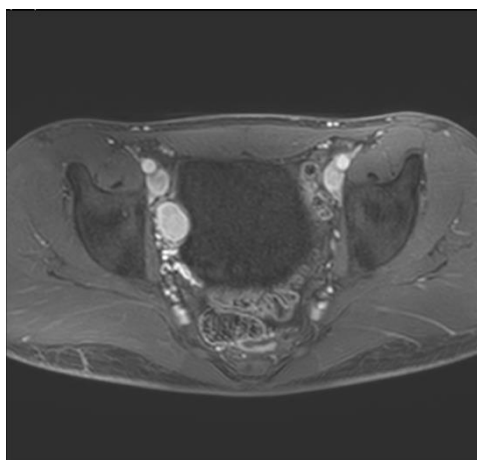
**Keywords:** Accessory spleen; Pelvis; Pelvic accessory spleen

### 1. Case Report

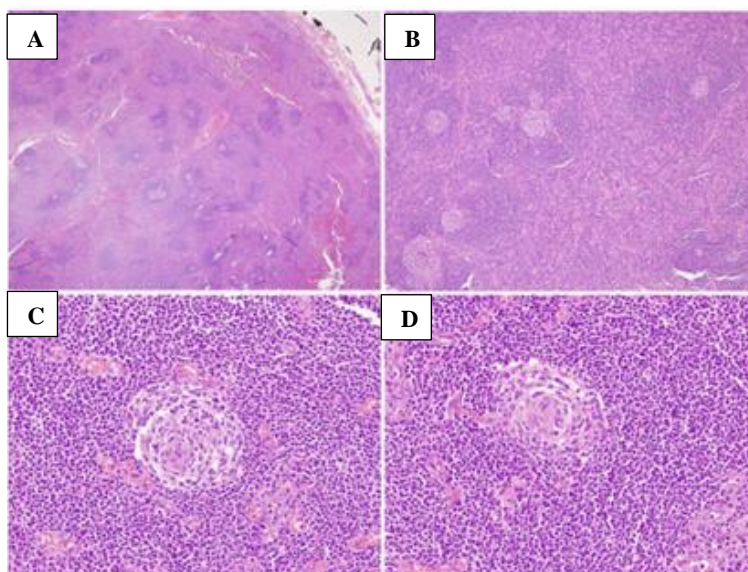
An 18 years old generally healthy male presented with daytime urinary frequency. Physical examination and

urinalysis were unremarkable. Abdominal ultrasound (US) demonstrated a solid lesion, 3 cm in diameter, adjacent to the Rt. Bladder wall. Magnetic resonance imaging (MRI) (Figure 1) demonstrated a similar finding, namely, a solid homogenous enhancing mass on T1 weighted images after injection of Gadolinium (26 × 18 mm), pressuring the upper-lateral aspect of the urinary bladder. In view of a potentially

malignant tumor, a robotic-assisted removal of the tumor was uneventfully performed. The final pathology was compatible with an accessory spleen showing reactive lymphoid follicular hyperplasia (Figure 2). A repeat US, obtained 6 months postoperatively showed disappearance of the finding, and the patient remained well at 6-months follow-up visit.



**Figure 1:** Abdominal MRI showing a solid homogenous enhancing mass (26 × 18 mm), on T1 weighted images after injection of Gadolinium, pressuring the upper-lateral aspect of the urinary bladder.



**Figures 2:** A - H&E x 2 Normal splenic tissue surrounded by splenic capsule; B - H&E x 4 – Splenic tissue with reactive lymphoid follicles; C, D - H&E x 40 - Central arteriole in a reactive lymphoid follicle.

## 2. Discussion

Ectopic splenic tissue can be encountered either due to auto-transplantation of cells following abdominal trauma or splenectomy (splenosis), or as a congenital malformation (accessory spleen) [1]. Accessory spleens were reported in 6.7% of autopsies, mainly in the splenic hilum, the great omentum and the pancreas [2]. However, pelvic accessory spleen is a very rare finding, mostly asymptomatic and incidentally radiologically detected, though it may cause acute abdominal pain, abdominal discomfort, or dysmenorrhea [3-4]. It can be well visualized by either Computerized Tomography (CT) scans, MRI which often shows a vascular pedicle originating from the great omentum or from the splenic hilum, as well as scintigraphy with Tc-99m-labeled colloids which localize in the reticuloendothelial cells of the liver and spleen [5]. Yet, as it mimics a primary tumor or a metastatic lymph node, it is usually removed to avoid concern.

## Conflicts of Interest

The authors declare that they have no competing interests.

## Financial Disclosure

The authors have no proprietary or commercial interests.

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