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Clinical Image

Intrapancreatic Accessory Spleen

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Case presentation

A 36-year-old woman with no known history of any disease was a candidate for living donorliver transplantation to her son. Laboratory data showed no abnormality. Liver MRI was performed as part of the pre-implantation assessment. It showed an 11mm pancreas tail nodule which was solid, well-defined, and presents the same signal as spleen on all sequences(Figure 1). It was hyperintense on T2-weighted images, hypointense on T1-weighted, with a restriction on diffusion, heterogeneous arterial-phase contrast enhancement, and progressive contrast increase similar to the physiological spleen enhancement. The intrapancreatic accessory spleen is an asymptomatic benign injury which should not be confused with a malign pancreatic tumor, spatially a non-functioning neuroendocrine tumor [1]. The diagnosis was confirmed in our patient based on scintigraphy with marked erythrocytes with 99 technetium, which is the most sensitive and specific test. This rare entity does not require any treatment or surgery [2].

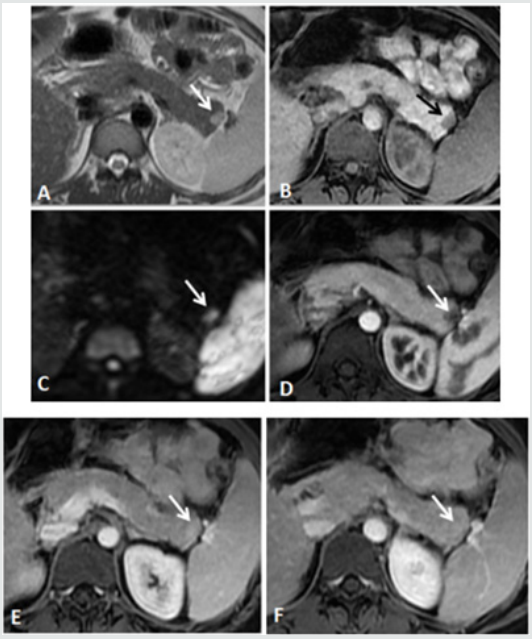

Figure 1: A 36-year-old woman with intrapancreatic accessory spleen: MR images in the axial plane show an 11mm pancreas tail nodule, which is solid and well-defined. The nodule is hyperintense in T2- weighted image (A): Hypointensein T1-weighted

(B): with restriction in diffusion

(C): Heterogeneous arterial-phase-contrast enhancement

(D): and progressive contrast increase that is similar to the physiological spleen enhancement

(E and F): The MRI aspect is compatible with an intrapancreatic accessory spleen.

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Disclosure of Interest

The authors declare that they have no competing interest.

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