Intrathoracic splenosis: evaluation by ^{99m}Tc -labelled heat-denatured erythrocyte SPECT/CT

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In a 39-year-old man, 14 years after splenectomy for injury sustained in a road accident, a chest radiograph performed for dyspnoea showed an abnormal opacity. Computed tomography (CT) confirmed a mediastinal left para-aortic mass suggestive either of confluent enlarged lymph nodes or ectopic splenic tissue. Thus, ^{99m}Tc -labelled heat-denatured red blood cell (DRBC) scintigraphy was performed. Planar images showed left paravertebral uptake in the chest and multiple little uptakes in the left upper abdomen. Single photon emission computed tomography (SPECT)/CT (Siemens Symbia) images confirmed ^{99m}Tc -DRBC left para-aortic uptake corresponding to a solid mass from the aortic arch to the descending aorta (a, b), consistent with intrathoracic splenosis. Little islets of splenic tissue were also detected as solid nodules in the left subdiaphragmatic region (b, white arrow). Splenosis is defined as heterotopic autotransplantation of splenic tissue, usually occurring after traumatic rupture of the spleen or splenectomy. Although thoracic splenosis is a rare finding, a high index of suspicion should be maintained in patients with previous splenectomy [1, 2]. The patient is currently being followed up, as no more treatment is usually required unless symptoms worsen [3]. ^{99m}Tc -DRBC scintigraphy remains the method of choice for the non-interventional evaluation of splenosis, and the additional use of SPECT/CT has been demonstrated to be a valuable tool for correctly identifying and localizing ectopic splenic tissue [3, 4].

Conflicts of interest None.

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