Intrapancreatic Accessory Spleen: Deficiency in Diagnosis or Therapeutic Success?

Stephen M. Kavic · Adrian Park

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To the Editor:

We read with interest the article by Drs. Uchiyama et al. on intrapancreatic accessory spleen (IPAS).¹ They provide a review of the literature of a “rare” condition, and we would like to add our case and our comments.

Our patient was a 46-year-old woman who presented with documented hypoglycemia and a 2-cm mass in the distal pancreatic body. Although the complete workup for insulinoma was negative, we performed a laparoscopic distal pancreatectomy for this solid lesion. During the procedure, we confirmed the location of the lesion using laparoscopic ultrasound. The procedure was completed in minimally invasive fashion, and the patient recovered uneventfully. However, our back table dissection revealing splenic tissue brought the operating team more disappointment than joy.

The question is one of whether we should be removing IPAS. If the diagnosis is established conclusively, then the answer is likely no. Unfortunately, current CT, MR, and ultrasound technologies do not necessarily distinguish between splenic tissue and pancreatic endocrine neoplasms. As the mere suspicion for a pancreatic neoplasm is considered to warrant resection, we may be fooled into operations with known morbidity but questionable clinical benefit.

Recently, three cases of IPAS have been described by diagnosis using endoscopic ultrasound with fine needle

aspirate.² CD8 staining confirmed the diagnosis of splenic tissue, and provided the patients and physicians with reassurance in a truly minimally invasive fashion.

Accessory spleens are common at an estimated prevalence of 10%, which may be on the low side, which would be 400 million people worldwide with an accessory spleen. Autopsy studies suggest that 17% of accessory spleens were located in the pancreatic tail, again translating to a number approaching 75 million people. As our static imaging resolution improves, we may detect increasing numbers of these “patients.”

A few cases may be reported in the literature as it is an admission that we are lacking in our diagnostic ability rather than displaying our technical prowess.

References

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S. M. Kavic (✉) · A. Park
University of Maryland,
Baltimore, MD, USA
e-mail: skavic@smail.umaryland.edu