

The “wandering” spleen

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A 15-year-old girl presented with 7 days of intermittent lower abdominal pain. Contrast-enhanced CT demonstrated an enlarged “wandering” spleen (*asterisk*) within the pelvis (Fig. 1). The splenic vascular pedicle was elongated and whorled, suggesting torsion (Fig. 2). Imaging findings were confirmed at laparoscopy, and splenic detorsion and splenopexy were performed.

Excessive splenic mobility and resultant ectopia are caused by abnormal peritoneal fixation, with the spleno-gastric and splenorenal ligaments being either absent or lax [1, 2]. While splenic shadow absence may suggest the



Fig. 1 Contrast-enhanced axial CT through the pelvis

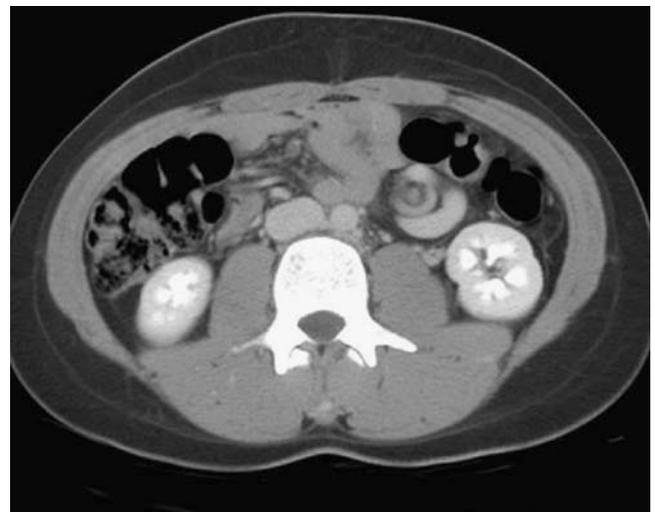


Fig. 2 Torsion of the splenic vascular pedicle

diagnosis at radiography [1], US or CT is typically required to confirm the diagnosis. Splenic ectopia may be complicated by vascular pedicle twisting, or torsion, with associated pain caused by splenic vascular congestion or infarction [1]. Abnormal fixation of the stomach to the spleen may allow gastric volvulus [2]. Upon detection, most affected individuals are managed surgically with either splenopexy or splenectomy.

References

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