Case report: Gastric splenosis mimicking a gastrointestinal stromal tumor

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**Introduction:**
Nodules of ectopic splenic tissues can be found anywhere in the abdominal cavity. While accessory spleens are of congenital origin, splenosis is due to autotransplantation of splenic tissue following traumatic rupture of the spleen [1]. Both forms are of medical interest primarily due to interpretation difficulties in diagnostic imaging. Few case reports have described splenosis mimicking abdominal neoplasia.

**Case:**
35 years after splenectomy due to traumatic splenic rupture a 66-year-old woman was referred for investigating heartburn symptoms. Esophagogastroduodenoscopy (Figure A) and endoscopic ultrasonography revealed a mass in the gastric wall confirmed by MR Tomography. For suspected gastrointestinal stromal tumor the patient underwent surgical excision (Figure B, C, D). In situ the diagnosed mass resembled splenosis confirmed by histological examination.

**Conclusions:**
After blunt abdominal trauma the spleen is the most commonly injured organ. The management of splenic rupture has evolved considerably over the last decades. Nowadays splenectomy is reserved for cases not eligible for angioembolisation or conservative management [2]. Splenosis is one differential diagnosis of asymptomatic intraabdominal masses incidentally detected after splenic rupture. Within this context further investigations including fine needle aspiration and/or radionuclide imaging should be considered in order to avoid unnecessary surgery.

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**References:**