

What is a disappearing intra-abdominal mass?

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QUESTION

A 22-year-old unmarried woman with history of mitral valve repair for VSD in the childhood presented with complaints of rolling movement in the abdomen from the left to right side. For the last 1 month, she observed a disappearing mass in her abdomen with associated occa-

sional pain. Her complete blood count, RFT, and LFT were normal. An abdominal ultrasound was done followed by an abdominal and pelvic CT scan (Figure 1, 2). What does the figure show?



Figure 1. CT scan sagittal view



Figure 2. CT scan sagittal view with oral contrast

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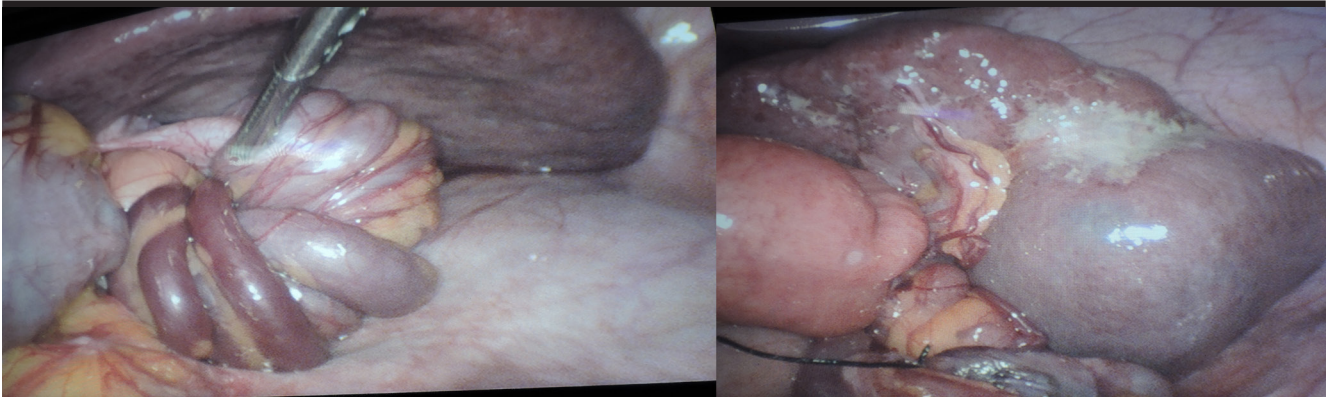


Figure 3. Twisted splenic vasculature

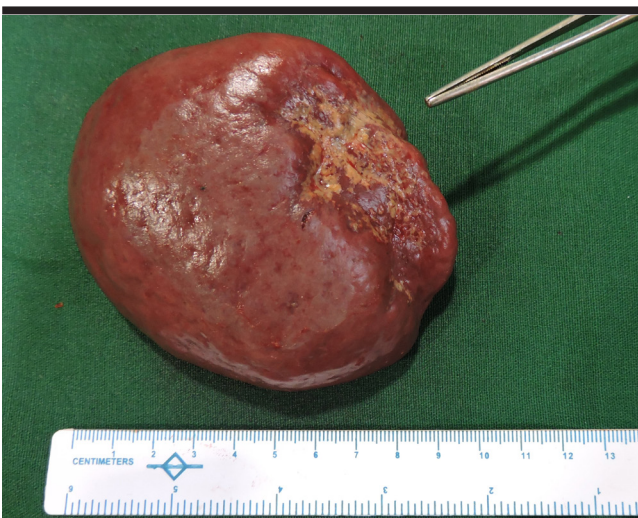


Figure 4. Resected spleen

ANSWER

Wandering spleen

The CT scan revealed that the spleen was not visualized in the splenic fossa. Mobile spleen was located in the lower abdomen with a long vascular pedicle and no evidence of any infarction. In view of pain and chance of torsion, laparoscopy was planned. Intraoperatively, there was a three and a half twist of the splenic vascular pedicle and presence of a splenic infarct.

While trying to derotate the spleen, there was a capsular tear, which caused bleeding and obscured the field of vision. Hence, minilaparotomy and splenectomy were performed.

Histopathological study showed congested spleen with reactive lymphnodes. Patient was discharged after giving

triple vaccination and being instructed about postsplenectomy infections.

Wandering spleen is a rare clinical entity found due to the ectopic location of the spleen in the abdominal cavity and abnormally high mobility due to long vascular pedicles. The rate of occurrence is <5% in all splenectomized patients with a total of 500 cases reported till now (1). The incidence is equal in both sexes. Mostly, it is an incidental finding. Clinically, we can suspect if the following is found:

- Feeling of a notch over the mass
- Empty left upper quadrant on palpation
- Resonant left upper quadrant on percussion
- Intermittent pain
- Disappearing mass in the abdomen

The treatment of choice depends on the status of the vessels and splenic viability. Though conservative treatment is advised for some patients, the chances of complications are high up to 65% (2). In the surgical corundum, the procedures include splenopexy or splenectomy. These procedures can be done either laparoscopically or with laparotomy.

In conclusion, wandering spleen can be diagnosed with a high index of suspicion in a disappearing abdominal mass, which can be confirmed with modern imaging modalities such as ultrasound and CT scan. Surgery is the definitive treatment.

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