A 51-year-old man was referred to us with a diagnosis of chronic hepatitis, secondary to hepatitis C infection after receiving blood transfusion at splenectomy for traffic accident at 16-year age. He had undergone ultrasonographic examination, and a homogeneous and slight hyperechoic mass, measuring 18 × 20 mm in diameter, was detected in liver segment IV (Figure 1). Contrast-enhanced computed tomography (CT) scan showing a marked hyper-attenuation of the lesion during the hepatic arterial phase and a fast wash-out during the venous phase, mimicking hepatocellular carcinoma (HCC) (Figure 2).

There are no typical radiological features of intrahepatic splenosis and it is usually difficult to distinguish this condition from other liver tumors. We performed an echo-guided tumor biopsy. Histopathology showed a splenic tissue containing lymphocytes and myeloid cells in sinusoids surrounded by fibrous capsule (Figure 3). We confirmed the diagnosis of hepatic splenosis.

Splenosis was firstly reported by Buchbinder and Lipkoff in 1939 [1]. Although it is believed to occur in up to 67% of cases with splenic trauma the true incidence cannot be estimated as it is usually an incidental finding during surgical exploration or autopsy [2]. Splenosis is thought to be uncommon, but the incidence is probably underreported since the majority of patients are asymptomatic. Distinguishing the etiology of hepatic nodular lesions is important because it significantly alters therapeutic procedures.

Typical imaging modalities such as US, CT or MRI will not differentiate splenosis from other entities and a histologic specimen needs to be obtained to reach definitive diagnosis.

In most cases, correct diagnosis was only possible on histological examination after a laparotomy and open liver resection [3,4]. A missed diagnosis of hepatic splenosis can have a significant negative impact on patient’s management [5].

We performed tumor biopsy and diagnosed hepatic splenosis mimicking hepatocellular carcinoma in a patient with chronic hepatitis C.
In conclusion, considering patients past history of splenectomy or splenic trauma should add splenosis to the list of possible differential diagnosis to avoid unnecessary surgical intervention.

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