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2444-3824/

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Intraperitoneal splenosis



Esplenosis Intraperitoneal

Splenosis is defined as the heterotopic transplantation of splenic tissue after abdominal trauma or splenectomy.¹ It is a benign and acquired condition. Implants can be multiple in number, and located both intraperitoneal and extraperitoneal; other locations include pleural cavity, pelvis, subcutaneous tissue, thoracic cavity, cerebrum and liver.² Most cases are incidental findings during surgery, autopsy or after imaging studies for other purposes. Splenosis occurs in up to 67% of patients with a history of traumatic splenic rupture.³

Splenosis was first described in 1937 by Shaw and Shafi, and the term was introduced in 1939 by Buchbinder and Lipkoff when describing an intraabdominal splenic deposit in a young woman following splenectomy for splenic rupture.⁴

The average interval between trauma and abdominal or pelvic splenosis is 10 years (range 5 months to 32 years).⁵

Here we present the case of a 46 years old man with a history of traumatic splenic rupture without splenectomy in 1993. He had a past history of smoking, hypercholesterolemia, and HIV infection diagnosed in 2008, under HEART treatment and with good clinical and analytical control.

A lumbar CT scan was performed in March 2015 to assess chronic lower backpain. Images showed the presence of a gastrohepatic lymphadenopathy, and nodules located adjacent to the pancreatic tail, warranting an abdominal CT scan.

Physical examination of the patient was normal, without abdominal pain or presence of palpable masses in the abdominal cavity. Laboratory tests (hemoglobin 15.90 g/dL, red cell count $4.88 \times 10^{12}/L$, platelets 321,000/mL, bilirubin 0.4 mg/dL, lactate dehydrogenase 161 U/L) were within

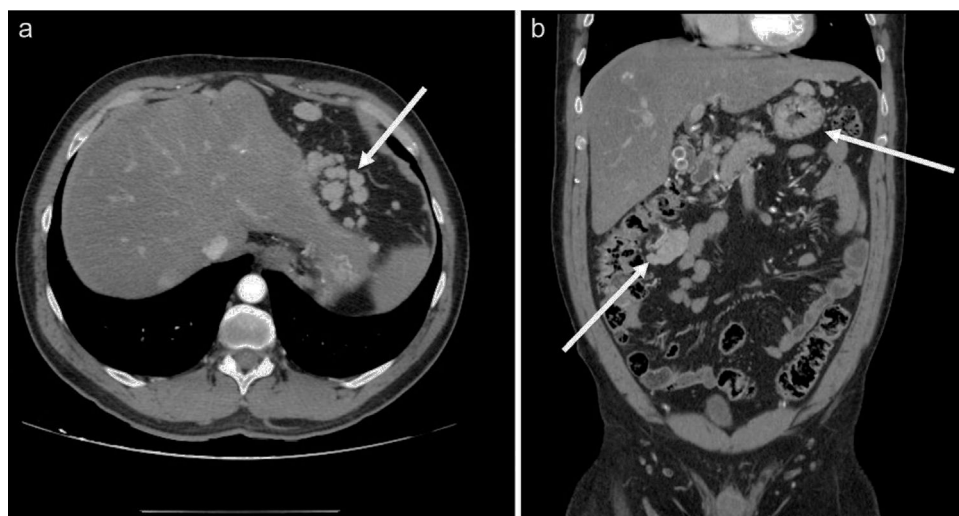


Figure 1 Multiple intraperitoneal nodules of various sizes. Morphologically and size wise they are compatible with splenosis (white arrows).

normal parameters. Tumoral marker CA 19.9 (carbohydrate antigen 19.9) level was within normal range (15.98 U/mL).

The CT study (May 2015) showed multiple intraperitoneal nodules of various sizes, located in left and right hypochondriac regions, epigastric region, subdiaphragmatic region, and gastrohepatic, compatible with splenosis (Fig. 1). An MRI scan was recommended for diagnostic confirmation. Images show multiple pseudonodular lesions located intraperitoneously, which are consistent with the diagnostic approach. A gastroscopy was also performed, with normal results, ruling out the presence of masses.

Due to the increase in imaging studies performed for diagnostic purposes, incidental findings are acquiring greater importance. When imaging studies of a lesion in a patient with splenic trauma or splenectomy are compatible with normal splenic tissue, the diagnosis of splenosis should be considered.

Pre-contrast MRI shows a homogeneously hypointense lesion on T1-weighted images with a hypointense rim around the mass, and hyperintense on T2-weighted images. After contrast administration, the lesion is hyperintense as compared to the liver. The presence of a rim surrounding the lesion is a characteristic finding of splenosis. The rim represents a thin layer of fat or fibrous capsule, showing low signal intensity on T1- and T2-weighted images.

It is believed that splenosis is a fairly common phenomenon of splenic injury, with a reported occurrence in 16–67% of patients with splenic trauma or surgery history.⁶ Because of the increase in prevalence of abdominal trauma due to all kinds of accidents, abdominal splenosis may appear more frequently in clinical practice than in the past.⁷ Splenosis has scarce clinical significance. Patients may occasionally present with unspecific abdominal pain, enlarged abdominal mass, intestinal obstruction, gastrointestinal hemorrhage, or hydronephrosis.⁸ Occasionally, these findings can be confused with malignant pathology, leading to invasive techniques, frequently unnecessary.

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Taeniasis in a Spanish girl[☆]



Teniasis en una niña española

Humans, the only definitive host, contract taeniasis by consuming raw or undercooked pork or beef infected with the cysticercus, which takes two to three months to develop into an adult tapeworm in the intestine.¹ Although cases are isolated and not very common, this infection is autochthonous in Spain. However, it is not considered a public health problem as only sporadic cases imported from low-income countries have been identified.^{2,3}

In April 2015, an eight-year-old girl from Valencia (Spain) was found to have whitish structures in her underwear. The

girl was administered mebendazole 20 mg/ml for four days, which was repeated at two weeks by medical prescription against worm infestations. This treatment was repeated in July and October 2015 without eliminating the structures. Metronidazole 125 mg/5 ml, three times a day for one week was prescribed. Given the persistence of the structures, another paediatrician was consulted, who recommended the administration of a single dose of pyrantel 11 mg/kg for four days followed by coprological analysis. The analysis, which was performed in November 2015, was positive for “dog tapeworm”, or *Dipylidium caninum*, infestation. The paediatrician recommended treatment either with niclosamide or praziquantel. Given the unusual and foreign nature of the medication requested, the pharmacist referred the child to the Department of Parasitology of the University of Valencia’s Pharmacy Faculty, where three serial stool samples and three pieces of adhesive tape (Graham’s test) were analysed on consecutive days.

The macroscopic observation of numerous isolated long whitish structures (11.4–13.7 × 4.0–4.4 mm) was suggestive

[☆] Please cite this article as: Muñoz-Antolí C, Seguí R, Irisarri-Gutiérrez MJ, Toledo R, Esteban JG. Teniasis en una niña española. *Gastroenterol Hepatol.* 2017;40:626–628.