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Splenic Hamartoma in a Teenage: A Rare Case Report

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ABSTRACT

Splenic hamartoma is a rare, benign vascular proliferation that is often found incidentally while working up for other complaints or at autopsy. Women more commonly present with symptoms related to mass effect than man. Although rendering a diagnosis can be difficult, endothelial cells that are positive for CD8 are a key feature that differentiate hamartoma from other vascular lesions of the spleen. Clinical, radiologic, and histologic correlation is essential to ensure this benign lesion is not mistaken for malignancy. In our case, a teenage was diagnosed with splenic hamartoma.

KEY WORDS: Hamartoma, spleen, splenectomy, benign tumor, rare, teenage.

ARTICLE DETAILS

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INTRODUCTION

Hamartoma is a slow-growing, rare mixed benign tumor (1). In general, it does not produce symptoms, so it is more commonly found as an incidentaloma during autopsies or laparotomies. Incidence of splenic hamartomas is low, representing 0.001% of the general population (1). Few cases of splenic hamartomas associated with thrombocytopenia have been reported (2). Histologic findings consist of unorganized vascular channels of varying width, with intervening red pulp-like disorganized stroma with or without lymphoid follicles. The endothelial cells are similar to those of normal splenic sinuses.

CASE REPORT

A 16-year-old female presented with complains of pain abdomen since 1 month. Pain was sudden in onset, dull, diffuse over left hypochondrial region, progressive, relieved only on medication, no aggravating factors known. She had no significant medical/surgical/ family history. No addictions. Laboratory findings revealed hemoglobin 11.8mg/dl, TLC 3100/cumm, platelet count 1.99lac/cumm. Other laboratory blood tests also revealed normal values. USG whole abdomen was performed which showed well defined mixed echogenic mass lesion measuring approx. 61x56mm seen in lower pole of spleen with significant internal vascularity on color doppler, likely to represent splenic hamartoma. Peripheral smear study showed neutropenia.

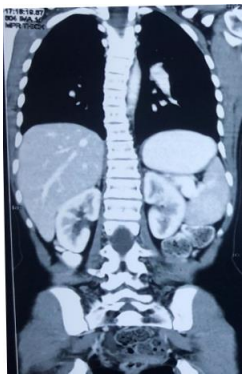

Figure 1: showing splenic hamartoma over lower pole of spleen

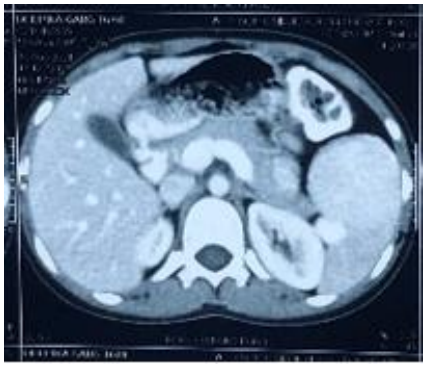

Figure 2: CT showing splenic hamartoma

Patient was planned for elective splenectomy and pentavalent vaccine was given approx. 2 weeks before the operation. Informed consent about the procedure was taken (risks were explained). Splenectomy was done under GA, left paramedian incision was given. After dissecting splenocolic and gastrosplenic ligaments, splenic artery was ligated and cut. Then, lienorenal and splenodiaphragmatic ligaments were dissected and cut. Splenic vein was ligated at the hilum and divided. Spleen was removed, hemostasis checked. Surgery was completed in about an hour. Patient withstood procedure well with minimum blood loss. The resected splenic mass was sent for HPE.

Figure 3: specimen of resected spleen

Histopathology features of specimen were suggestive of Hamartoma of spleen.

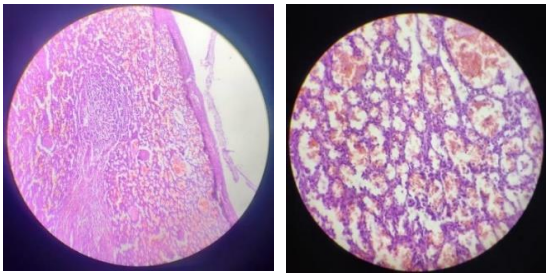

Figure 4: histopathology microscopic images of spleninc hamartoma showing disorganised stroma and vascular channels of different widths.

Patient recovered well with hospital stay of 5 days. On her follow up visit after 10 days, CBC was repeated which showed thrombocytosis (platelet count: 6.03 lac/cumm). Patient is on regular follow up since 6 months, have recovered well, no complains and is fully satisfied with the treatment.

DISCUSSION

Hamartomas of the spleen as in other locations are benign lesions found as incidentalomas because only few produce symptoms. The final diagnosis is made histopathologically. Definitive treatment is splenectomy and treatment of choice is complete transabdominal splenectomy. Surgery is necessary for diagnosis when malignancy cannot be ruled out (2). Hamartoma represents a rare vascular entity characterized by a cluster of differentiation 8-positive immunophenotype. It is usually asymptomatic but large hamartomas may present with symptoms such as hemopoetic disorders, which resolve after splenectomy. It is important for radiologists to be able to differentiate splenic hamartoma from malignant entities (3). They represent benign vascular proliferation. Histological findings consist of disorganized stroma and vascular channels of varying width, with or without lymphoid follicles (3).

CONCLUSION

From our findings and discussion, we can conclude that splenic hamartoma is a benign vascular and proliferative lesion having the characteristic lining of endothelial cells showing CD8 positive immunophenotype. Although this tumor or disease is very rare, it must not be missed to be included in the differential diagnosis of lesion forming splenic mass.

CONFLICTS OF INTEREST

There were no conflicts of interest.

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