

An Unusual Case of Accessory Spleen Found During Laparoscopic Surgery: A Clinical Anatomy Case Report

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ABSTRACT

Accessory spleens are rare anatomical variants that can be found in up to 16% of the population. They are usually discovered incidentally during radiologic imaging or autopsy. However, they can also be encountered during surgical

procedures, especially laparoscopy. Here we present a case of an accessory spleen found during laparoscopic surgery for an unrelated condition. The patient was a 43-year-old female with a history of chronic pelvic pain who underwent laparoscopic surgery for endometriosis. During the procedure, an accessory spleen was found near the splenic hilum. The anatomy and function of accessory spleens are discussed, along with their clinical relevance and potential implications for laparoscopic surgery.

Key Words: Laparoscopic surgery; Spleen; Fetal; Splenic hilum

INTRODUCTION

Accessory spleens are small, ectopic nodules of splenic tissue that are separate from the main spleen. They are thought to arise from embryonic splenic tissue that fails to migrate to the left upper quadrant during fetal development. Accessory spleens are usually asymptomatic and are discovered incidentally during radiologic imaging or autopsy [1-2]. However, they can also be encountered during surgical procedures, especially laparoscopy. While accessory spleens are generally benign and do not require treatment, their presence can have clinical implications for certain surgical procedures, including splenectomy and laparoscopic surgery [3].

CASE REPORT

A 43-year-old female with a history of chronic pelvic pain presented for laparoscopic surgery for endometriosis. During the procedure, the surgeon identified a small nodule near the splenic hilum. After careful dissection, it was determined that the nodule was an accessory spleen. The accessory spleen was removed and sent for pathological examination, which confirmed the diagnosis. The patient had an uneventful recovery and was discharged home the following day [Figure 1].

DISCUSSION

Accessory spleens are relatively common anatomical variants, occurring in up to 16% of the population [4-5]. While they are usually asymptomatic and

do not require treatment, their presence can have clinical implications for certain surgical procedures. For example, accessory spleens can be mistaken for lymph nodes during lymph node dissection, leading to incomplete removal of the accessory spleen. Similarly, accessory spleens can be mistaken for a tumor or metastasis during laparoscopic surgery, leading to unnecessary procedures or delays in diagnosis [6-7].

CONCLUSION

The presence of accessory spleens is an important consideration during laparoscopic surgery. Surgeons should be aware of the anatomy and potential locations of accessory spleens, especially near the splenic hilum. In cases where an accessory spleen is identified, careful dissection and removal are recommended to prevent confusion with other structures and ensure complete removal.

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CONFLICTS OF INTEREST: None.

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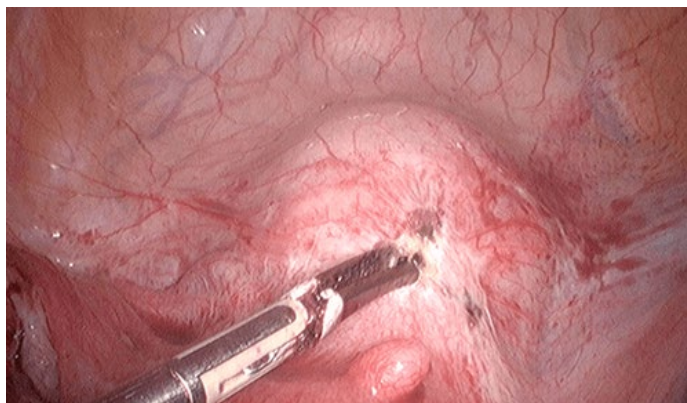


Figure 1) Chronic pelvic pain presented for laparoscopic surgery for endometriosis.

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