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Key Words

Hamartoma

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ABSTRACT

Splenic hamartomas are rare benign lesions usually found incidentally at autopsy or splenectomy. We report on a case of splenic hamartoma discovered during medical work-up for abdominal pain. Abdominal sonogram showed a well-demarcated isoechoic splenic tumor and abdominal CT scan revealed an isodense lesion that was slightly enhanced on postcontrast scan. Angiography showed a hypovascular lesion. Splenectomy was performed, and microscopic examination of the tumor confirmed the diagnosis of splenic hamartoma. To the best of our knowledge, this is the third case reported in Taiwan. The literature is reviewed, and preoperative diagnosis of these lesions is discussed.

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INTRODUCTION

Splenic hamartoma, first described by Rokitansky in 1861,¹ is a rare benign lesion usually found incidentally at autopsy or splenectomy. Only about 120 cases in the English literature have been reported,² and about 54 cases were reported from Japan.³ To the best of our knowledge, this is the third such case reported in Taiwan.^{4,5} The availability of CT scan and ultrasound may account for the increased incidence of reports of such cases. The literature is reviewed, and preoperative diagnosis of these lesions is discussed.

CASE REPORT

A 65-year-old male patient complaining of epigastralgia for 1 year and LUQ discomfort for 3 months was referred from another hospital with a diagnosis of

splenic tumor after serial work-up. Past history revealed blunt upper abdominal trauma by the steering wheel in a car accident at age 20. On admission, no fever or body weight loss was found. Physical examination was unremarkable; in particular, no cervical or inguinal lymphadenopathy was found. His hemogram and other laboratory tests were all within normal limits. Abdominal ultrasound demonstrated a well-demarcated isoechoic splenic tumor with a partial internal hyperechoic lesion (Fig. 1). Abdominal CT scan revealed an isodense lesion with central hypodense area. The mass was slightly enhanced on postcontrast CT scan (Fig. 2).

Splenectomy was performed. Grossly, there was a bulging mass at the inferior medial surface of the spleen, and the cut surface showed a dark red, solid, firm tumor measuring 6 cm in diameter. Marked hemorrhage and a central stellate scar were found. The adjacent splenic parenchyma was slightly compressed

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