

Fig. 1. Ultrasound showing a well-demarcated and isoechoic splenic tumor with a partial internal hyperechoic lesion.

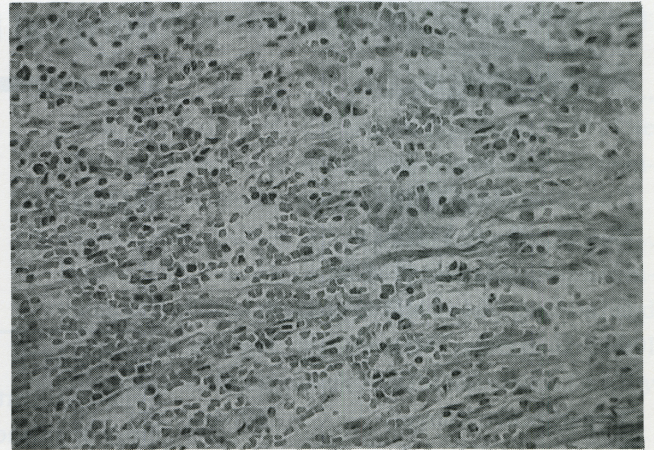


Fig. 4. Microscopic examination of the tumor showing sinusoid and slitlike structures lined by flat to plump endothelium.

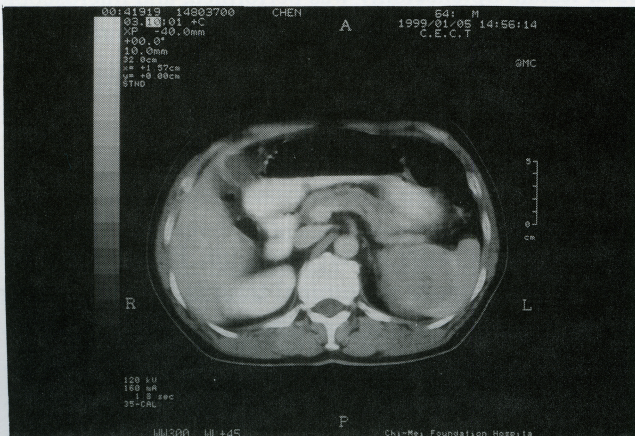


Fig. 2. Splenic mass shown as a round, slightly enhanced lesion on postcontrast CT scan.

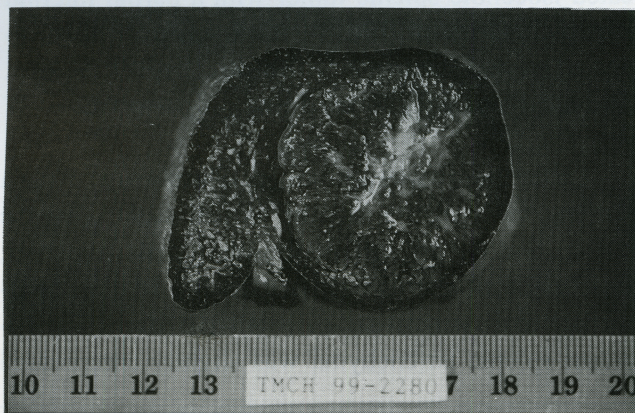


Fig. 3. Tumor appearing as a round unencapsulated lesion that is compressing the surrounding splenic parenchyma.

(Fig. 3). Pathological examination of the tumor showed a picture of unencapsulated hamartoma consisting of sinusoid and slitlike structures lined by flat to plump endothelium (Fig. 4). The vascular structures were highlighted by reticulum staining and resembled normal red pulp of the spleen. In addition to plasma cells, clusters of lymphocytes and eosinophils were also found. Marked hemorrhage accompanied by fibrosis and Gamna-Gandy bodies was noted. No trabecula nor white pulp was seen within the mass.

The postoperative course was uneventful after follow-up for 2 years.

DISCUSSION

Hamartomas are tumors that consist of aberrant mixtures of normal tissue components of the organ in which they are found. The etiology of splenic hamartomas is controversial. Both congenital⁶ and post-traumatic theories⁷ have been proposed. Others described these lesions as splenomas, fibrosplenomas, splenoadenomas and nodular hyperplasia of the spleen, suggesting their proliferative nature.^{8,9,10}

Splenic hamartomas consist of round unencapsulated lesions which may compress the surrounding splenic parenchyma. They can be single or multiple and their size varies from a few millimeters to larger lesions weighing up to 2.0 kg. Microscopically, the