



UNIVERSITY of  
**ROCHESTER**  
MEDICAL CENTER

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### DEPARTMENT OF IMAGING SCIENCES

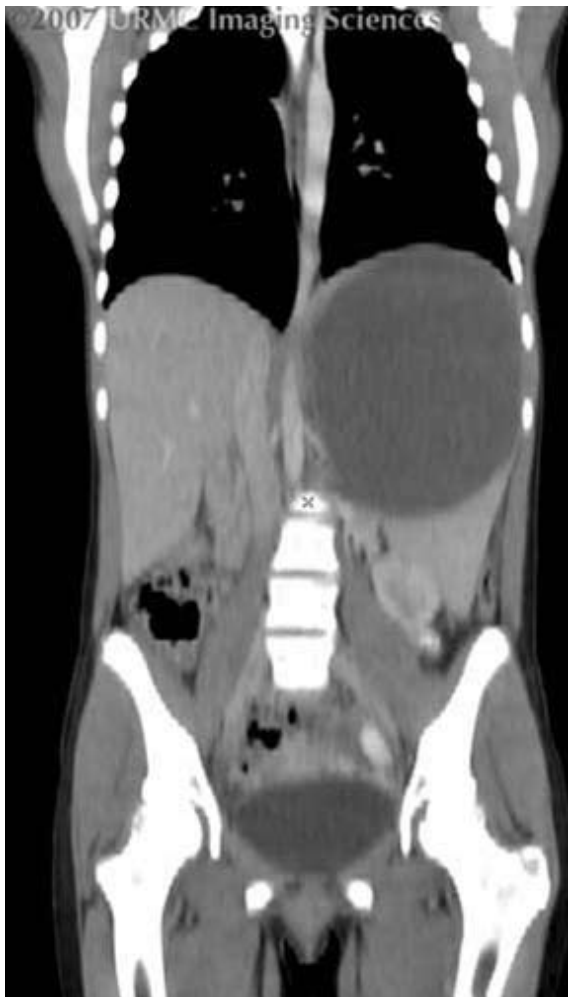
## Imaging Sciences Interesting Cases

### CASE 38

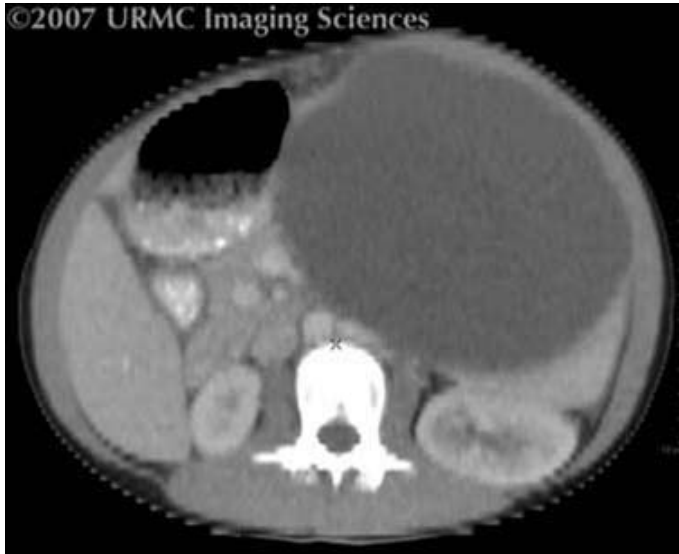
**Sam McCabe, MD**

**CLINICAL PRESENTATION:** Patient is a 13-year-old female with left abdominal pain with palpable mass.

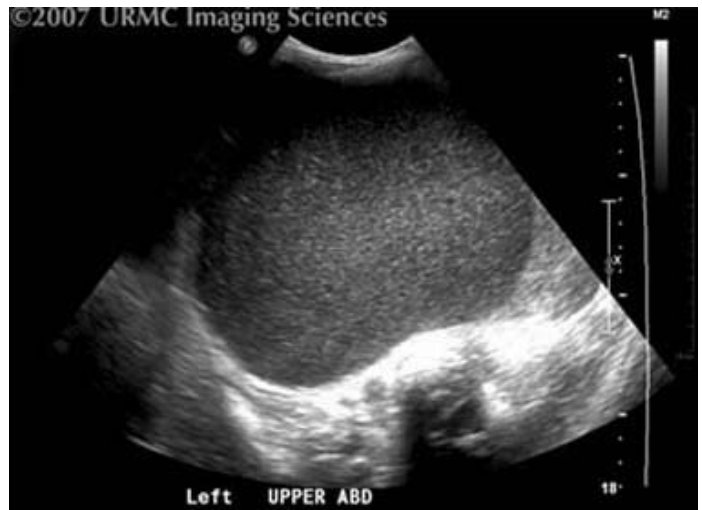
**IMAGING FINDINGS:** US of the left upper quadrant demonstrates a 20 cm x 12 cm debris-containing cystic mass. No solid component or flow within the lesion was seen. Sonographic images demonstrated splaying of adjacent splenic parenchyma (the so-called "claw sign") suggesting that the spleen is the organ of origin. Correlative CT confirmed this finding.



**Figure 1.** Coronal reformatted contrast enhanced CT demonstrates a large, non-enhancing cystic left upper quadrant abdominal mass.



**Figure 2.** Axial contrast enhanced CT demonstrates a non-enhancing cystic lesion arising from the upper pole of the spleen.



**Figure 3.** Transverse US image through the left upper quadrant lesion demonstrates a large, hypoechoic mass with coarse internal shadows, indicative of debris. There is splaying of the splenic parenchyma, suggesting splenic origin.

**DIAGNOSIS: Splenic Epithelial Cyst**

**DISCUSSION:** Splenic cysts are uncommon, with an incidence of 7.6 per 100,000. True (epithelial-lined) splenic cysts are congenital, reflecting defective mesothelial migration. They account for 20% of all splenic cysts. These are typically smooth walled and may become large, often presenting in children due to mass effect, as in our case. Secondary hemorrhage, rupture or infection can also lead to presentation. These lesions are not thought to have malignant potential, but are excised if symptomatic or large (>6 cm). Acquired cysts, conversely, may be seen in any age group and reflect the endstage of an infarct or resorbed subcapsular or intraparenchymal hematoma. These cysts lack an epithelium, and thus are pseudocysts. Wall calcifications and irregularity are a common feature. These are the most common splenic cysts, accounting for 80% of all splenic cysts.

The differential diagnosis for a splenic cyst includes intrasplenic pancreatic pseudocyst, abscess (pyogenic, fungal, mycobacterial, or parasitic), hemangioma, and lymphangioma. Malignant etiologies including lymphoma and metastases (especially melanoma, pancreatic, and ovarian primaries) can also have a cystic appearance. Appropriate history, serologic testing and imaging characteristics aid in diagnosis.

**REFERENCES:**

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