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Clinical Image

Perisplenitis: an incidental finding during dissection

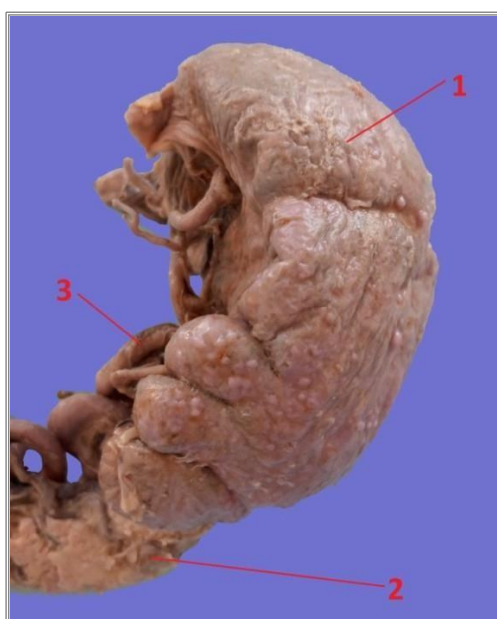
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Splenic pathology is a complicated subject. Over the last decades, there has been an increased interest in the spleen and its role in



different physiological and pathological conditions [1]. Nevertheless, there are many mysteries regarding this organ and one of them is perisplenitis. As it is stated in the book "Illustrated pathology of the spleen" by Wright and Wilkins: "This curious pathological finding, very commonly noted as an incidental observation at post-mortem examination, remains unexplained in pathogenetic terms" [2]. The spleen has a pearly white thickening of the capsule and irregular plaques on the surface of the organ. The convex surface is usually more affected than the concave [2].

Figure 1. Perisplenitis. 1) Spleen, 2) Tail of the pancreas, 3) Splenic artery

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As it is seen in Figure 1, the organ has diffusely located thickenings of the capsule more prominent in the inferior 1/3 of the organ. The spleen was firm and had decreased elasticity. The microscopic appearances include fibrosis, but sometimes also features reminiscent of Gamna-Gandy bodies, with irregular deposits of iron and crystalline material. Therefore, there is a theory that perisplenitis might be caused by the same conditions that cause Gamna-Gandy bodies (splenomegaly, sickle cell disease) [2]. The symptoms may include acute left hypochondrial or lower chest pain, which may simulate left pleuritic pain or an acute abdomen. It may also be asymptomatic and be discovered incidentally during the autopsy. The list of conditions that can be associated with perisplenitis is extensive and includes heart failure, liver disease, ascites, infectious disease (Fitz-Hugh-Curtis syndrome, sepsis), autoimmune conditions (rheumatoid arthritis), hematological disease (sickle cell anemia) and malignancies [3-5]. It can also be mistaken as carcinomatosis during surgery. This condition is important in clinical practice since it can be associated with pathological findings or be an incidental finding. Both cases will require a differential diagnosis and further evaluation.

Conflict of interest

The authors declare no conflict of interest.

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