



Thoracic Splenosis

Alexandra Osadchy MD, Rivka Zissin MD and Myra Shapiro-Feinberg MD

Department of Diagnostic Imaging, Sapir Medical Center, Kfar Saba, and Sackler Faculty of Medicine, Tel Aviv University, Israel

IMAJ 2001;3:547



A. CT scan of the lower chest demonstrates a sub-pleural, 12 mm non-calcified soft tissue nodule adjacent to a rib deformed by healed fracture.



B. Posterior image from sulfur-colloid scintigram shows the absence of the spleen and uptake of tracer material in three implants above the left hemidiaphragm.

An asymptomatic 43 year old woman underwent routine chest X-ray that demonstrated a pulmonary nodule adjacent to the left hemidiaphragm and healed fractures of several lower left ribs. Twelve years earlier the patient had been injured in a motor vehicle accident, which caused a tear of the left hemidiaphragm, splenic injury, and left lower rib fractures. She recovered after splenectomy and repair of the left hemidiaphragm.

The patient was referred for thoracic computed tomography. This study revealed three small pleural-based soft tissue nodules in the left lower lobe adjacent to deformed ribs [Figure A]. Thoracic splenosis was the presumed CT diagnosis. It was further confirmed by a

sulfur-colloid radionuclide scan that demonstrated uptake in the liver and in the three lung nodules [Figure B].

Thoracic splenosis is a rare condition and should be considered in any patient with a left-sided thoracic mass and a distant history of significant thoraco-abdominal injury. A subsequent radionuclide study will confirm the diagnosis and obviate the need for further intervention.

The average reported interval between the trauma and the diagnosis is 20 years [1,2]. Most patients with thoracic splenosis are asymptomatic. Recurrent hemoptysis, however, has been described. The size of the nodules ranges from several millimeters to 8.5 cm and

their attenuation is similar to that of normal splenic tissue [2,3].

References

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Correspondence: Dr. A. Osadchy, Dept. of Diagnostic Imaging, Sapir Medical Center, Kfar Saba 44281, Israel. Phone: (972-9) 747-1512, Fax: (972-9) 746-1465, email: havah@clalit.org.il