

## PICTURES IN DIGESTIVE PATHOLOGY

# Gastric splenosis: a rare cause of digestive bleeding

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A 68 year-old male presented at the emergency department with coffee grounds vomit and melena during the previous 48 hours. He had been subject to a major abdominal surgery with splenectomy at age of 38, after a traumatic injury. Regular medication was low-dose acetylsalicylic acid. On physical examination: blood pressure was 100/73 mmHg; heart rate 74 bpm; cardiac-pulmonary auscultation was normal and abdomen was tender and painless; rectal examination confirmed melena.

Laboratory data: hemoglobin 11.7 g/dL; platelets  $221 \times 10^3/\mu\text{L}$ ; INR 1.2; aPTT 24.5; BUN 44 mg/dL; creatinine 0.7 mg/dL.

Esophagogastroduodenoscopy visualized an ulcer located on the greater curvature of the proximal gastric body with well delimited borders over an elevated formation (Fig. 1). On computed tomography there was a solid nodular lesion on the greater curvature of the stomach with enhancement on arterial phase highly suggestive of gastric splenosis (Fig. 2A). This hypothesis was confirmed with scintigraphy (Fig. 2B). The patient was medicated with pantoprazole. Three weeks after discharge, endoscopy was repeated revealing frank ulcer healing.



Fig. 1. Acute ulcer on the proximal greater curvature of the stomach over an elevated underlying formation.

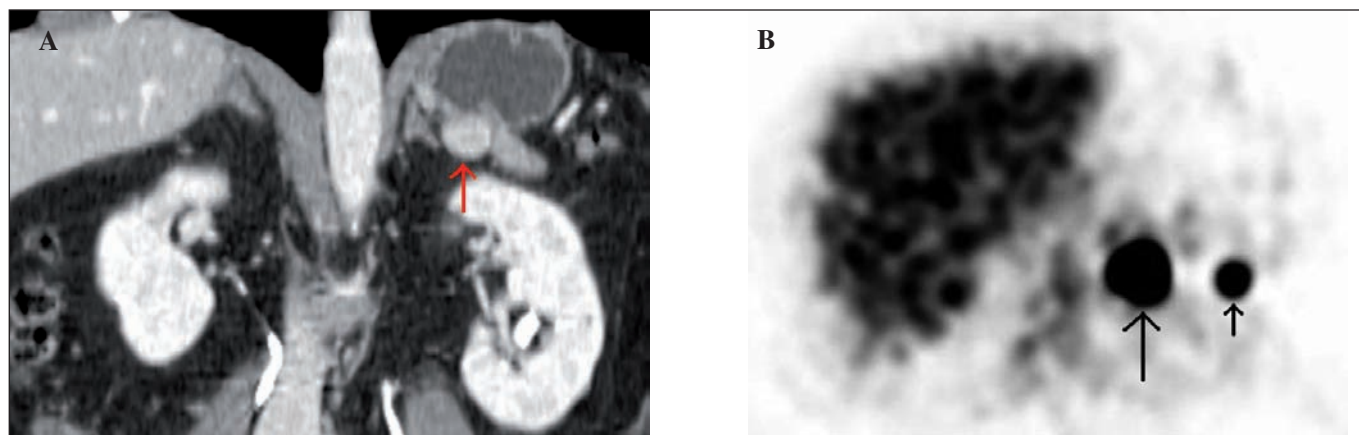


Fig. 2. A. CT scan shows nodular lesion (red arrow) on the greater curvature of the gastric body suggestive of gastric splenosis. B. Same lesion (large arrow) as figure 2A seen on scintigraphy with technetium 99m-labelled red blood cells. A smaller focus of peritoneal splenosis (small arrow) was also identified.

## DISCUSSION

The term splenosis was introduced in 1939 by Buchbinder and Lipkoff to designate the heterotopic autotransplantation of splenic tissue which generally occurs after traumatic splenic rupture or surgery (1-5). The most common location for splenic implants, which are generally multiple, is the greater omentum followed by the serosal surface of the small bowel (2). Rare extra-peritoneal locations have been described as well (2,4).

Despite asymptomatic and incidentally diagnosed in most patients, gastrointestinal bleeding, torsion and spontaneous rupture are possible complications (2-4).

Differential diagnosis of splenosis includes tumours, lymphomas and metastatic disease and it should be kept in mind when approaching a digestive bleeding (2-5).

## REFERENCES

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