A 65-year-old man who had undergone a right pneumonectomy for a pT2bN0M0 large cell carcinoma 5 years earlier was referred to our institution for evaluation of a splenic nodule detected during regular follow-up. The patient was asymptomatic and his physical examination and laboratory tests were unremarkable. A total-body computed tomography scan revealed an isolated approximately 5-cm splenic mass (Fig. 1A). No other uncommon findings were reported. Positron emission tomography–computed tomography demonstrated high accumulation of $^{18}$F-fluorodeoxyglucose in the splenic mass with a maximal standardized uptake value of 22.4 and no evidence of metabolically active lymphadenopathy or other parenchymal masses (Fig. 1B). The patient underwent a splenectomy with a high epidural block. The histological evaluation confirmed the suspicion of isolated splenic metastases from a large cell lung carcinoma (Fig. 2). At 16 months follow-up, the patient is free from disease.

Splenic metastases from solid tumors are rare and usually occur in association with disseminated disease. In the reported autopsy series, the rate of spleen metastases varied widely between 2.3% and 7.1%; however, fewer than 100 cases of isolated splenic metastases with
different origins (mainly from ovarian and colorectal cancer) have been reported in the literature.\(^1\) Solitary splenic metastases from primary lung cancer is extremely rare, and to the best of our knowledge, only nine cases with a metachronous appearance have been reported in the English-language literature.\(^2\) When a neoplastic lesion of the spleen is suspected, a detailed staging is mandatory to exclude occult systemic disease. Although no guidelines for the surgical treatment of isolated splenic metastasis are available at present, the survival time after splenectomy ranges between 1 and 49 months, with one patient still alive after 8 years.\(^2\) Furthermore, surgery can prevent symptomatic splenomegaly and potentially life-threatening complications such as splenic rupture and splenic vein thrombosis.\(^3\)

References


**Figure 2.** (A) Microscopic appearance of a neoplastic nodule inside the pulpa splenica, e/e (magnification ×4). (B) Higher magnification of solid neoplastic nests.