

Image of the Month

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A 50-YEAR OLD-MAN PRESENTED TO THE clinic with pain in the left upper quadrant of the abdomen of approximately 4 months' duration. His medical history included hypertension that was well controlled by medication. The patient denied any other symptoms. On physical examination there were no pertinent findings, specifically, no splenomegaly, hepatomegaly, or lymphadenopathy. Laboratory data were also within the reference limits.

A computed tomographic scan showed a 5.5×4.5 -cm solid area in the spleen (**Figure 1**) that had grown in

size over 3 months. The spleen showed decreased attenuation in the arterial phase. The lesion remained persistently photopenic on nuclear imaging. Despite intensive evaluation, the nature of the splenic neoplasm was not clear. As the patient was symptomatic and the lesion was increasing in size, the patient was scheduled for laparoscopic splenectomy after preoperative immunization.

The patient had a successful laparoscopic splenectomy with intact removal of the spleen. The lesion is shown in **Figure 2**.

What Is the Diagnosis?

- A. Epithelioid hemangioendothelioma
- B. Metastasis
- C. Sclerosing angiomatoid nodular transformation
- D. Kaposi sarcoma

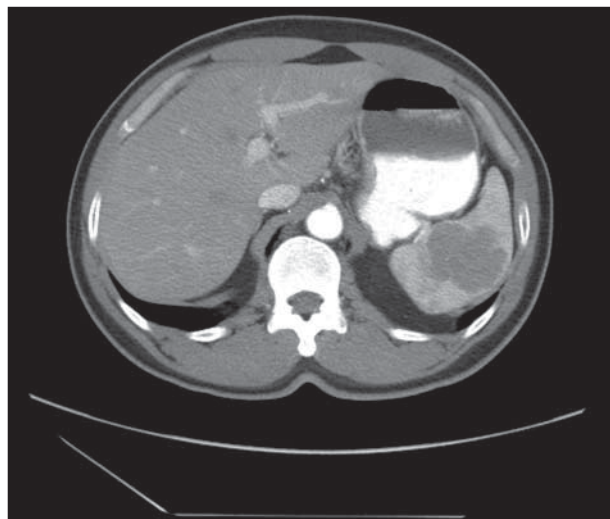


Figure 1. Splenic lesion on a computed tomographic scan.



Figure 2. Cut surface of the spleen showing a bosselated mass with multiple dark brown nodules interspersed with stellate whitish fibrotic stroma.