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9. Kongres Hrvatskog torakalnog društva 9th Congress of Croatian Thoracic Society

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THORACIC SPLENOSIS - CASE REPORT

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Objective: Splenosis is a condition of heterotopic autotransplantation of spleen in another anatomic localisation after spleenic rupture, traumatic or iatrogenic. It is a rare condition, and it is more often located in abdomen or pelvis, rarely in thorax.

45 years old, male patient was presented in an ER with haemoptysis and nonspecific thoracic pain without high temperature. Chest x-ray showed lesion of lower left lobe with pleural effusion without elevated inflammatory parameters. Patient had a splenectomy after a gunshot wound to abdomen 12 years ago. He had a 15 pack-year history of smoking. Thoracic computed (CT) pulmonary angiography did not show filling defects indicating acute



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pulmonary embolism but CT showed two solid nodular pleural lesions of the left lower lobe, of which the largest was 20x12mm, and multiple lung nodules, diameter 4 to 6 mm. Bronchoscopy was performed and bleeding was found in left side of the lungs, but samples taken during bronchoscopy just like samples of a CT-guided needle biopsy were negative for malignancy. Direct microscopy of sputum and microbiological culture was negative for acid resistant bacteria. Presence of those nodules raised concern for malignancy so we have done positron emission tomography computed tomography (PET/CT) scanning. The scan revealed no metabolically active lesions in the lungs and also no metabolically active tissue in the rest of the body. In the follow up period there was radiological progression of left lower lobe lesions. We presented the patient to thoracic surgeon who indicated video-assisted thoracic surgery (VATS) with biopsy of lesions. Pathological finding was surprising, it described ectopic splenic tissue.

Thoracic splenosis is a rare benign condition, mostly asymptomatic and incidentally discovered. We have to be aware of splenosis in differential diagnosis of lung lesions. Diagnosis is challenging, it can demand several diagnostic modalities and they can be skipped if we take a detailed medical history. Treatment is not indicated unless the patient is symptomatic.