

Computed tomography findings of polysplenia syndrome with multiple anomalies

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A 54-year-old patient presented to our hospital with the symptoms of stomach ache, weakness, loss of appetite and weight loss. The patient had mild abdominal sensitivity during physical examination; the results of other systemic examinations were normal. Laboratory findings showed anemia. Since the patient's symptoms were accompanied by weight loss, abdominal CT examination was performed to rule out any malignancies. The abdominal CT examination showed a picture consistent with partial situs inversus. The liver was located on the left, the spleen on the right and the heart was in its normal position. The cecum was observed in the lower left quadrant. Multiple spleens located in the upper right quadrant were observed (Fig. 1). Pancreas was ectopically located in the upper left quadrant and surrounded the second part of the duodenum. A diverticular formation was detected in the second part of the duodenum. The patient had a

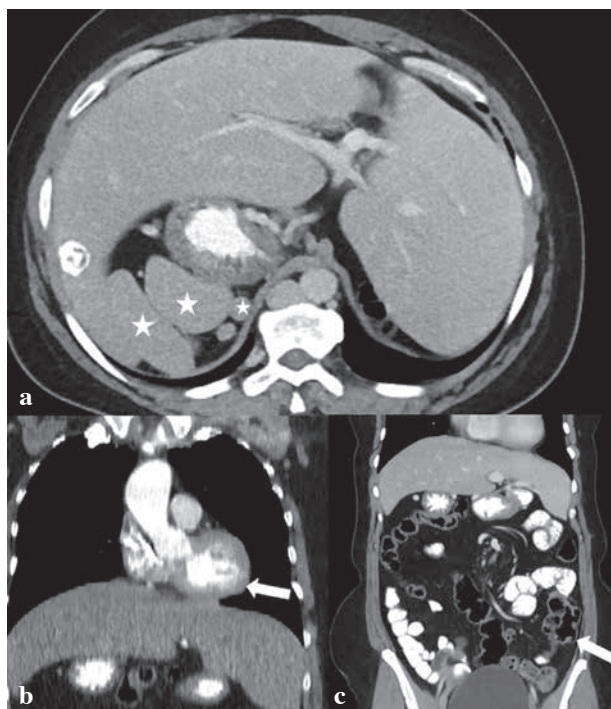


Fig. 1. — The abdominal CT examination showed partial situs inversus and polysplenia. (a) The liver was located on the left, the spleen on the right. (b) The heart was in its normal position (arrow). (c) The cecum was observed to be in the lower left quadrant (arrow). Multiple spleens located in the upper right quadrant were observed and were consistent with polysplenia (1a, asteriks).

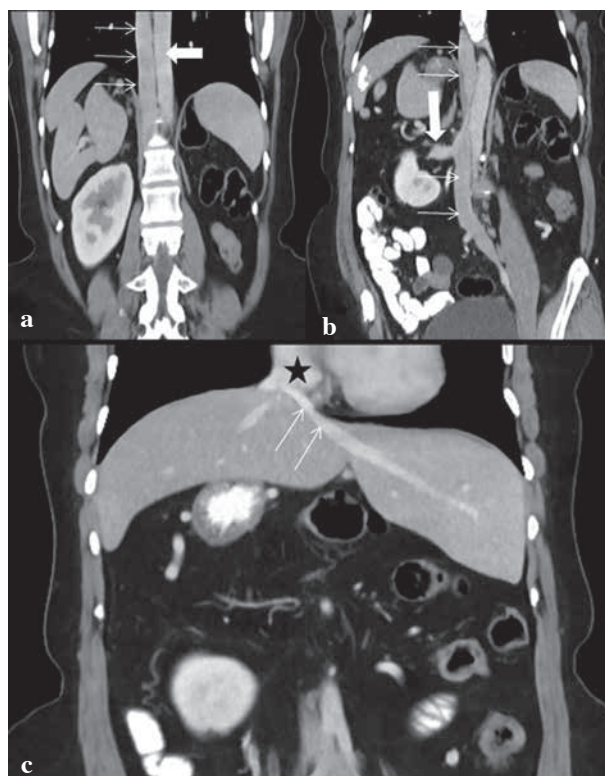


Fig. 2. — (a) Coronal reformatted abdominal tomography scan shows the ectatic azygos vein (thin arrows). (b) Suprarenal inferior vena cava is not present and azygos vein continuation is observed (thin arrows), the right renal vein is draining to azygos vein (thick arrow). (c) The hepatic segment of inferior vena cava is not observed and hepatic veins (arrows) are directly opened into the right atrium (asteriks).

single kidney which was located on the right. The azygos vein was observed as wider than normal. Suprarenal inferior vena cava (IVC) was not present and azygos vein continuation was observed. The hepatic segment of IVC was not observed and hepatic veins were directly opened into the right atrium (Fig. 2).

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Polysplenia syndrome is a rarely seen congenital disease. The disease is characterized by multiple spleens and accompanying abnormalities in different organs. The disease generally results in death at an early age due to serious accompanying abnormalities. In adulthood the

disease is generally identified incidentally during abdominal radiological examinations. Radiologic modalities, especially computerized tomography examinations, are very useful in the assessment of polysplenia syndrome.