An uncommon splenic mass

P. Gupta ,V. Sharma, P. Agarwal

Postgraduate Institute of Medical Education and Research, Gastroenterology, Nehru Hospital, Chandigarh

Question

A 37-year-old man presented with pain and progressively increasing fullness in the left upper quadrant for three months. He also complained of loss of appetite and significant weight loss for two months. There was no associated fever, nausea or vomiting. On examination, there was a large, firm, non-tender mass in the left upper quadrant. The laboratory data indicated mild anemia with hemoglobin at 10.6 g/dL (normal, 12-14 g/dL). His liver function tests, renal function tests and blood tumor markers were normal. His past history was significant for total left parotidectomy for a tumor 3 years back. Ultrasonography (US) showed a large heterogeneous splenic mass. A biphasic computed tomography revealed a large 18X12 cm heterogeneously enhancing mass involving the entire splenic parenchyma with large central necrotic areas (Fig. 1A, arrow). Liver (Fig. 1A, short arrow) and lung nodules (Fig. 1B, arrow) were also detected. What is your diagnosis?

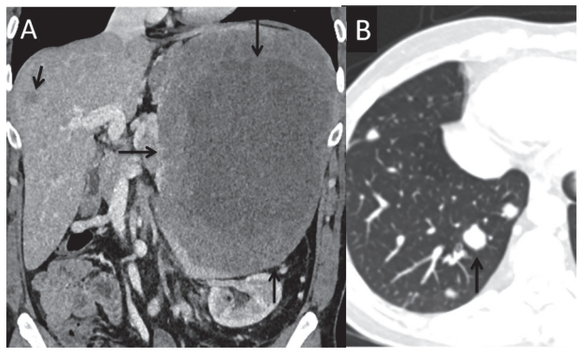

Fig. 1.

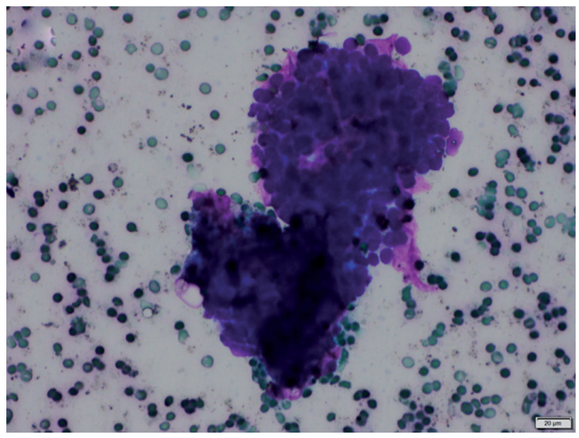

Fig. 2.

Answer

US guided fine needle aspiration cytology of the splenic lesions was performed. Cytological examination revealed metastatic adenoid cystic carcinoma (Figure 2). The patient had undergone radical left parotidectomy with adjuvant radiotherapy for adenoid cystic carcinoma. Histopathology of the resected specimen had revealed capsular and perineural invasion. The resected lymph nodes were free of tumor. In view of metastatic disease, the patient was referred to radiation and medical oncology services and was offered supportive care.

Adenoid cystic carcinoma (ACC) is uncommon and accounts for only 1-2% of head and neck malignancies. It affects minor salivary gland more commonly than the major salivary glands, though any site in the head and neck may be involved. ACC is a high grade tumor with propensity for perineural invasion and local recurrence as well as distant metastases to lung, liver and bones. Splenic metastasis from ACC is rare. Radical resection with adjuvant radiotherapy is the treatment of choice. Metastases occurring several years after the resection of primary tumor have been reported. Palliative chemotherapy for recurrent or metastatic disease has no significant impact on disease course and is best reserved for rapidly progressive and metastatic disease.

Correspondence to : Pankaj Gupta, Department of Gastroenterology, Nehru Hospital, F Block, PGIMER 160012 Chandigarh
E-mail : pankajgupta959@gmail.com

Submission date : 18/05/2018
Acceptance date : 29/05/2018