Non-traumatic pseudocyst of spleen presenting as chronic abdominal pain and vomiting

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DESCRIPTION

A 30-year-old woman presented with left upper abdominal pain for 6 months and recurrent vomiting for the past 1 week. There was no history of trauma. Abdominal examination did not reveal any significant findings. Ultrasound scan of the abdomen revealed cystic lesion in the spleen. Contrast-enhanced CT of the abdomen showed a large, well-capsulated cystic mass measuring 10.6×9.6 cm in the upper pole of the spleen (figure 1). The patient was immunised against *Streptococcus pneumoniae*, *Haemophilus influenzae* type B and *Neisseria meningitidis* 2 weeks before surgery. She underwent a splenectomy (figure 2) and histopathological examination revealed a splenic cyst without an epithelial lining suggestive of pseudocyst of the spleen (figure 3). The patient was asymptomatic at 2-months follow-up.

Splenic cysts are usually classified as parasitic and non-parasitic cysts. Pseudocysts are cysts without a lining epithelium. They are quite uncommon in routine clinical practice¹ and should be differentiated from more common lesions such as hydatid cysts, abscess of the spleen, etc. Various theories have been proposed for the aetiological basis of splenic pseudocysts, the most accepted being long-standing splenic haematomas that have turned into pseudocysts.² However, history of trauma is not present in all patients. Other theories opine that pseudocysts may form due to thrombosis of a true cyst or due to a remote splenic infarction. Most patients are asymptomatic and pseudocysts are found incidentally during abdominal scan for other reasons. A large pseudocyst

Figure 2 Image illustrating 11×12 cm cyst in the upper pole of the spleen.

may cause symptoms due to pressure on adjacent organs; pressure over the stomach may lead to abdominal pain and vomiting, as in our case. Other complications such as infection, haemorrhage and rupture are also known. They usually appear as homogenous cystic lesions in ultrasound scan and well-defined non-enhancing lesions on contrast CT. Splenectomy is the gold standard treatment for splenic pseudocysts.³ However, partial splenectomy, percutaneous aspiration and cystectomy are also described for treatment of splenic pseudocysts.

Figure 1 Contrast-enhanced CT axial section image illustrating a well-capsulated cystic mass measuring 10.6×9.6 cm in the upper pole of the spleen.

Figure 3 Image illustrating H&E-stained sections showing splenic cyst without epithelial lining (magnification ×2.5).

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Learning points

- ▶ Pseudocyst of the spleen is quite uncommon in routine clinical practice and should be differentiated from more common lesions such as hydatid cysts, abscess of the spleen, etc.
- ▶ Pseudocyst of the spleen is usually asymptomatic and is detected incidentally during abdominal scan for other reasons.
- ▶ Splenectomy is the gold standard treatment for splenic pseudocyst.

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