INTRODUCTION

Splenic peliosis, a rare and cryptogenic disease, is characterized by polyfollicular cavities filled with blood, and the diagnosis is histologic.

Peliosis occurs mainly in organs like the liver and spleen. Lymph nodes, bone marrow, lungs, gastrointestinal tract, kidneys, and adrenals are rarely involved. It has been associated with steroids and chemotherapy, chronic infections including HIV, diabetes, and hematological diseases.

The clinical significance of splenic peliosis is the potential for intraperitoneal hemorrhage followed by rupture of the lesion. This disease has a wide age distribution, ranging between 14 and 82 years, and the male/female ratio is 1.7/1. Damage to the sinusoid walls is considered a primary event in its pathogenesis. Local microcirculatory disorders manifested by altered local intravascular pressure in the spleen may be responsible for peliosis associated with vascular lesions. Treatment is based on discontinuing steroids and other drugs, treatment of underlying diseases, and splenectomy in some cases.

CASE REPORT

Woman 48-year-old complaining of hoarseness and occasional abdominal pain in the epigastrium looked for medical assistance. During the evaluation, she was submitted to an abdominal ultrasound which detected multiple simple cysts in the spleen. On this occasion she was treated for acute gastritis with relief of symptoms.

After six years, she returned for a clinical evaluation due to abdominal pain and referred an increasing volume on the left side of the abdomen. The physical examination revealed significant splenomegaly with no other alterations. A CT scan was then requested and showed diffuse splenomegaly with multiple cysts. Due to the persistence of the pain and diffuse increase in the volume noted by physical examination, two months after the CT, surgery was indicated with the aim to relieve the symptoms and obtain a final diagnosis considering that other causes of splenomegaly had been investigated.

Before surgery the patient was submitted to prophylactic immunization. The surgical approach was a median supraumbilical incision and exploration of the entire abdominal cavity. No other alteration was observed. The spleen was enlarged and multiple cysts were observed on its surface. Mobilization from its ligaments was performed, followed by ligation of the splenic artery and vein, and careful dissection from the splenic hilum and the pancreas. The patient had an uneventful recovery and was discharged from the unit on the 5th postoperative day. She remains symptom-free at the moment.

Histopathological diagnosis was consistent with splenic peliosis as shown in Figures 1 and 2.
REFERENCES