Intrapancreatic Accessory Spleen: A Rare Cause of Recurrence of Immune Thrombocytopenic Purpura

García Angarita F* and Sanjuanbenito Dehesa A
Hospital Universitario Ramón y Cajal Madrid, Ctra. de Colmenar Viejo, km. 9,100, 28034, Madrid, Spain

Abstract
A 44 years-old-woman was admitted to our clinic because of development of thrombocytopenia and skin purpura. Abdominal ultrasonography and Computed Tomography (CT) did not show spleen or liver disorder. First line treatment with orally steroids showed a transitory response, with thrombocytopenia relapse in few months. Then laparoscopic splenectomy was accomplished successfully. The patient developed relapse in platelet count after 45 days of procedure, requiring treatment with thrombopoietic drugs and new diagnosis procedures. Nuclear medicine scintigraphy using heat-damaged Tc99m-labeled red blood cells revealed two images of uptake in left subdiaphragmatic region. Then the patient underwent intraoperative gamma-probe guidance after injection of Tc99m-labeled denatured erythrocytes, through left subcostal laparotomy with resection of two accessory spleens, one of them inside the pancreatic tail. After this procedure, the platelet count remains stable with lower dose of steroid treatment.

Keywords: Laparoscopic splenectomy; Immune thrombocytopenic purpura; Accessory spleen; Intrapancreatic spleen

Introduction
Excluding trauma, Immune Thrombocytopenic Purpura (ITP) is the most common indication for splenectomy, being an attractive therapeutic option for those who fail to respond to 4 weeks to 6 weeks of medical therapy with steroids or other agents [1]. The prevalence of accessory spleen tissue is about 10-40% of autopsies [2], and does not require treatment unless it is associated with hematological diseases. In the context of immune thrombocytopenic purpura, accessory spleens can cause recurrent or persistent disease after splenectomy.

Materials and Methods
A 44 years-old-woman, with a medical history of primary biliary cirrhosis and asymptomatic HBV infection, was admitted to our clinic because of development of thrombocytopenia (platelet count of 19,000/microL) and skin purpura since 2013. The patient seemed to be well on physical examination, except for the isolated skin purpura in upper extremities abdomen without masses. Low platelet count with no other disorder in blood sample. Abdominal ultrasonography and Computed Tomography (CT) did not show spleen or liver disorder. First line treatment with orally steroids showed a transitory response in her platelet count, with thrombocytopenia relapse in few months. Then laparoscopic splenectomy (with four trocars placed in left subcostal region) was accomplished successfully without intraoperative evidence of accessory spleen (abdominal cavity was explored in order to search for the presence of accessory spleens in their most common locations) and the specimen was introduced into a retrieval bag (800 ml) for removal by morcellation.

After surgery, the patient showed a platelet increase in the first few weeks with subsequent relapse after 45 days of procedure, requiring treatment with thrombopoietic drugs (eltrombopag) in order to maintain platelet count. Nuclear medicine scintigraphy using heat-damaged Tc99m-labeled red blood cells revealed two images of uptake in left subdiaphragmatic region (Figure 1).

The patient underwent intraoperative gamma probe guidance surgery after injection of Tc99m-labeled denatured erythrocytes in early 2015, through left subcostal mini-laparotomy. Systematic scan of the left upper quadrant was performed, with care taken to angle the probe away from the liver so as to avoid interference. Higher activity was noted next to the tail of the pancreas where the exploration revealed a soft red mass embedded in the pancreatic tail (Figure 2) and another one in the retrocolic fatty tissue. Resection of two accessory spleens was completed. The histological study confirmed the presence of splenic tissue in both pieces. The patient did not present an immediate increase in platelet count, so thrombopoietic treatment was needed again for 3 months. Nowadays, with lower doses of steroids treatment, platelet count remains stable.

Discussion
The response rate of splenectomy in patients affected with ITP is around 70%. An estimated 15-30% of patient’s shows relapse after surgery, and at least one third of these relapse is due to accessory

Figure 1: Gamma graphic study with red blood cells and Tc99m with image of abdominal computed tomography overlapped.

*Corresponding author: García Angarita F, Hospital Universitario Ramón y Cajal Madrid, Ctra. de Colmenar Viejo, km. 9,100, 28034, Madrid, Spain, Tel: 0034679922672; E-mail: frnjgarcia@gmail.com

Received February 09, 2016; Accepted March 05, 2016; Published March 15, 2016

Citation: García Angarita F, Sanjuanbenito Dehesa A (2016) Intrapancreatic Accessory Spleen: A Rare Cause of Recurrence of Immune Thrombocytopenic Purpura. Med Rep Case Stud 1: 106.

Copyright: © 2016 García Angarita F, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
Intrapancreatic Accessory Spleen: A Rare Cause of Recurrence of Immune Thrombocytopenic Purpura


References


OMICS International: Publication Benefits & Features

Unique features:
- Increased global visibility of articles through worldwide distribution and indexing
- Showcasing recent research output in a timely and updated manner
- Special issues on the current trends of scientific research

Special features:
- 700+ Open Access Journals
- 50,000+ Editorial team
- Rapid review process
- Quality and quick editorial, review and publication processing
- Indexing at major indexing services
- Sharing Option: Social Networking Enabled
- Authors, Reviewers and Editors rewarded with online Scientific Credits
- Better discount for your subsequent articles

Submit your manuscript at: http://www.omicsgroup.org/journals/submission