

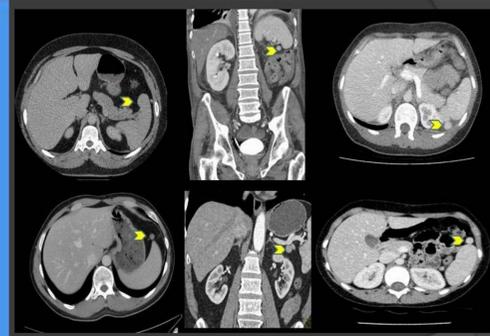


INCIDENTAL SPLENIC FINDINGS ON CT ABDOMEN AND PELVIS

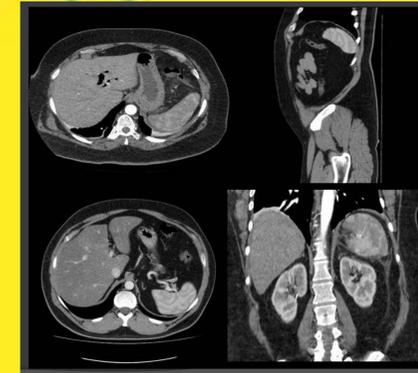
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The spleen is normally located in the left upper quadrant, within a thin fibroelastic capsule, deep to the left lower ribs, nestled between the stomach and the splenic flexure of the colon. The spleen is a challenging organ for imaging. Although the spleen is included on virtually every imaging study of the abdomen, imaging plays a role in evaluating the spleen. Varied findings are noted in the spleen, most of them are incidental findings. Some of the incidental findings are congenital and can mimic other lesions. However, lesions in spleen can point to a more systemic disease



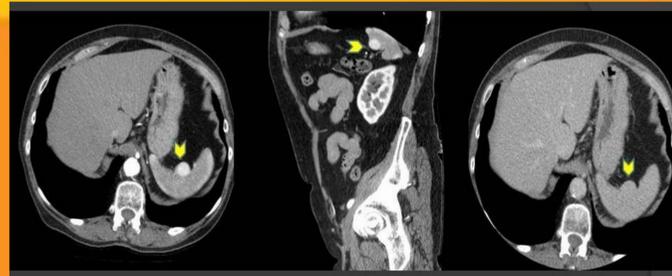
Splenunculi/Accessory spleen are small nodules seen in 16% of CT Scans; they are small benign located near the spleen, but can occur anywhere in the upper abdomen or even in the pancreas; can mimic other lesions {metastasis, splenosis}



Spleen often has varied vascular enhancement on contrast CT



There are numerous etiologies of splenic infarct. The vast majority are infiltrative hematologic diseases that cause congestion of the splenic circulation by abnormal cells, or thromboembolic conditions that produce obstruction of larger vessels



Haemangioma of the spleen the most common benign neoplasm of the spleen; usually solitary. Multiple lesions also occur with some syndromes. Giant haemangiomas can rupture spontaneously



Absence of spleen- post surgical for various reasons



Simple cysts are common in spleen {not as common as hepatic and renal}; they grow large and have calcification. Hydatid cyst is common in endemic regions {image on the right}



Splenic calcifications can be of various sizes and shape, single or multiple- the latter occurring in tuberculosis, histoplasmosis. In sickle anaemia, the spleen can be small and shrunken



Hyperdense spleen is seen in retained contrast {Thorotrast- previously used as imaging contrast} or after Gold injections {images courtesy : Wikipedia}