



Accessory Spleen on the Omentum in a High Grade Serous Carcinoma of Ovary

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Clinical Image Description

A 56-year-old postmenopausal lady presented with abdominal distension for last one and half months. Clinically she had moderate ascites and a 20x20 cm firm to hard abdominopelvic mass which was immobile, nontender, with regular margins. Ultrasound was suggestive of a predominantly solid complex mass arising from pelvis and bilateral ovaries were not seen separately from the mass. Her CA 125 was 1200 IU/L, CEA and CA19.9 were within normal limits. With a suspicion of ovarian malignancy, a staging laparotomy with cytoreductive surgery was planned. At laparotomy accessory spleen was noted in the greater omentum. It was 2x2 cm, firm, round to oval mass with similar consistency and appearance as spleen and was located in the omental tissue (Figure 1). It was removed along with greater omentum. It could be confused with metastatic tumour nodule in a background of carcinoma ovary.

A normal spleen is placed in the left upper quadrant of abdomen and splenic tissue present in any other anatomical site is defined as accessory spleen and is seen in approximately 15% of population. Accessory spleen is seen most commonly in the splenic hilum (80%) followed by tail of pancreas (17%). Rarely they can be seen in the greater omentum and gastrointestinal tract [1]. It is a congenital developmental anomaly and occurs due to failure of complete fusion of splenic anlage during the fifth week of gestation [2]. They are most commonly an incidental finding but can be mistaken for malignant tumours. Since they are usually asymptomatic resection is not recommended. In our case we initially confused it with tumour nodule in the omentum however its appearance and texture helped in distinguishing it from metastases.



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