

Ovarian Metastasis Causing Huge Splenic Enlargement

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INTRODUCTION

Parenchymal splenic metastasis is uncommon and has been reported to pose significant diagnostic and technical challenge [1]. We report a case of huge spleen with cystic metastasis of ovarian origin.

CASE REPORT

A 32-year-old woman presented with a large mass in the abdomen associated with significant discomfort, breathing difficulty, and impaired quality of life. Approximately three years ago, she was treated with neoadjuvant chemotherapy, abdominal hysterectomy, bilateral salpingo-oophorectomy, and omentectomy for ovarian adenocarcinoma with omental and para-aortic nodal metastases. Abdominal examination revealed marked distension with a large palpable mass. An elevation in CA-125 levels (233 U/mL) suggested recurrent ovarian cancer and a CT scan showed a large cystic mass arising from spleen, measuring 25x21 cm, and liver metastasis. In view of potential resectability of the mass, a palliative resection was offered to alleviate the symptoms. At laparotomy, spleen was noted to be transformed into a huge mass occupying most

of the abdomen and measured 25x20 cm in size (Figure 1). The splenic mass was resected intact and the specimen weighed seven kilograms. The histological examination confirmed the metastasis from ovarian cystadenocarcinoma. The patient showed slow, but uncomplicated recovery. She was discharged home following ten days of hospital stay. She recovered fully from surgery and was well at two months follow up.

DISCUSSION

Spleen remains an infrequent site for metastatic disease with up to 0.6% and 7.3% of spleens showing malignant deposits at autopsy and pathological assessment, respectively [1, 2]. Direct peritoneal spread with capsular splenic metastases are not uncommon, however, parenchymal deposits are a relatively rare occurrence and represent hematogenous dissemination [1]. Most splenic metastases originate from tumours both above and below the diaphragm with ovarian cancer providing the commonest source [2, 3]. Open surgical resection is the mainstay of treatment if deemed operable. Splenic metastasis is indicative of aggressive distant disease with a generally poor prognosis.

Figure 1: A huge spleen occupying most of the abdomen



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REFERENCES

1. Ghani AA, Hashmi ZA, Chase DM, Patel SB, Jones DF. Intraparenchymal metastases to spleen from ovarian cancer: a case report. *Journal of medical case reports*. 2010;4(1):72. Epub 2010/02/26.
2. Lam KY, Tang V. Metastatic tumors to the spleen: a 25-year clinicopathologic study. *Arch Pathol Lab Med*. 2000;124(4):526-30.
3. Gatenby PA, Mudan SS, Wotherspoon AC. Splenectomy for non-haematological metastatic malignant disease. *Langenbecks Arch Surg*. 2011;396(5):625-38.