

## Wandering Spleen: A Rare Entity

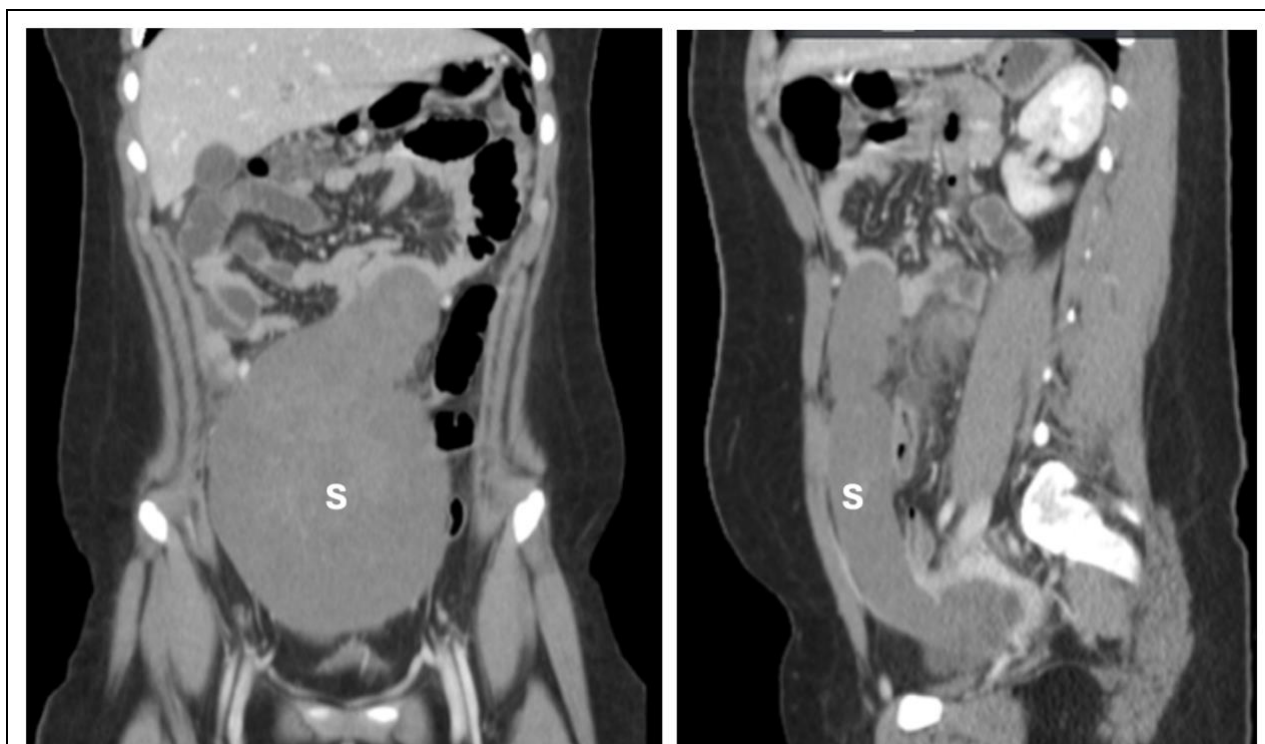
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**Figure 1:** Coronal (left figure) and sagittal (right figure) views of the abdominopelvic CT (S = spleen).



**Figure 2:** Axial view of the abdominal CT (S = spleen; white circle = whorled appearance of the twisted splenic pedicle).

### Clinical Image

A 12-year-old woman presented to the emergency department with a 2-day history of persistent abdominal pain. The physical examination was notable for fever (38.6 °C), diffuse abdominal tenderness and a bulky mass palpable in the middle and lower abdomen. Contrast-enhanced abdominal computed tomography was performed demonstrating a large nonenhancing hypodense mass, with 20 x 14 x 9 cm, extending between the middle abdomen and the pelvis, consistent with an ectopic, enlarged and partially infarcted spleen (Figure 1). The splenic vascular pedicle was elongated and whorled, suggesting torsion (Figure 2). Imaging findings were confirmed at emergency laparotomy, and total splenectomy was performed.

Wandering spleen is a rare condition that is characterized by ectopic positioning of the spleen within the abdomen or pelvis due to the absence or laxity of the suspensory ligaments of the spleen, giving it excessive mobility. As the spleen moves, it can result in torsion of the structures in or near the splenic hilum. Causes can be congenital and acquired. Women of reproductive age are the most affected. The clinical presentation is variable and can range from an incidental finding to an acute abdomen associated with torsion of the vascular pedicle leading to splenic infarction. Abdominal ultrasonography and computed tomography are the key imaging modalities to confirm the diagnosis. The treatment of choice includes either splenectomy or splenopexy. Splenic preservation is recommended, mainly in young patients, due to risk of overwhelming post-splenectomy sepsis. In the presence of splenic infarction, splenectomy is mandatory.