

**Clinical Image**

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**Splenic lymphangioma: Clinical image****\*Corresponding Author: Beatriz Porteiro**

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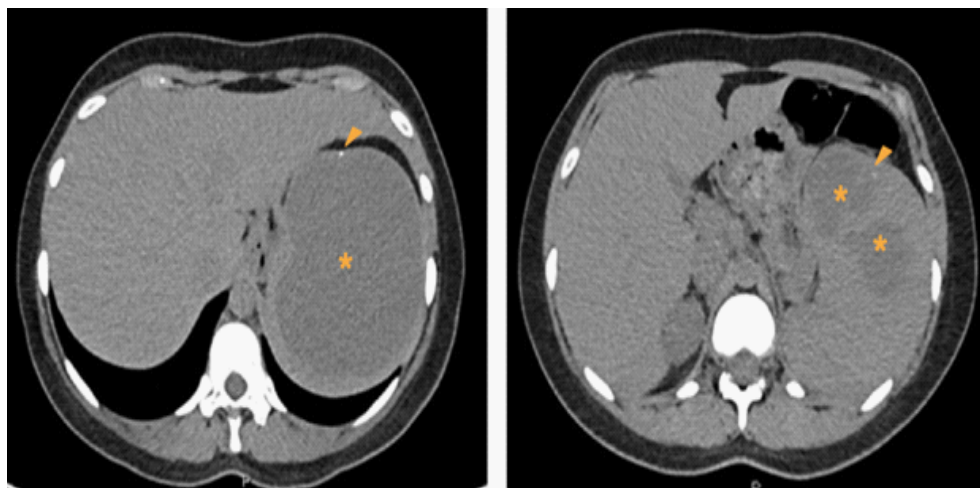
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**Description**

A 25 years-old woman presented to the emergency department with persistent left flank abdominal pain with dorsal irradiation after a 7 days cefuroxime course prescribed for acute pyelonephritis. She had no prior history of abdominal trauma. On abdominal examination she had left quadrant tenderness and pain elicited by percussion in the kidney area. An abdominal US complemented by a CT-scan (Figure 1) found a well-circumscribed multiloculated splenic cystic measuring 11,1 x 10 x 8,5 cm with homogeneous hypodense fluid content (\*) and

small peripheral calcifications (arrow heads). Serological examinations rule out parasitic etiology and CA19-9 level was normal. A MRI (Figure 2) showed a multiloculated cyst (A,\*) with small proteinaceous/hematic component within it (B, arrow head), and slight enhancement of the lesion's septations at fat suppressed T1IW, with no solid component seen (C, arrows). The lesion has low signal intensity in DWI b900 (E) and high values on ADC map (F). A splenic lymphangioma, a rare congenital splenic tumor, was suspected and therefore splenectomy was proposed.

**Figure 1:** CT scan.

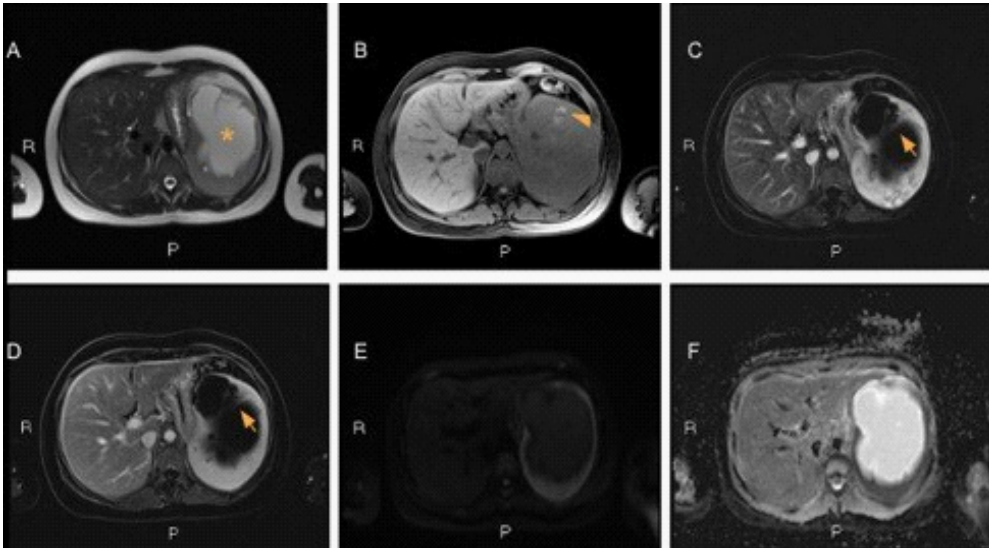


Figure 2: MRI.