

## Research Letter

## Pelvic accessory spleen caused dysmenorrhea

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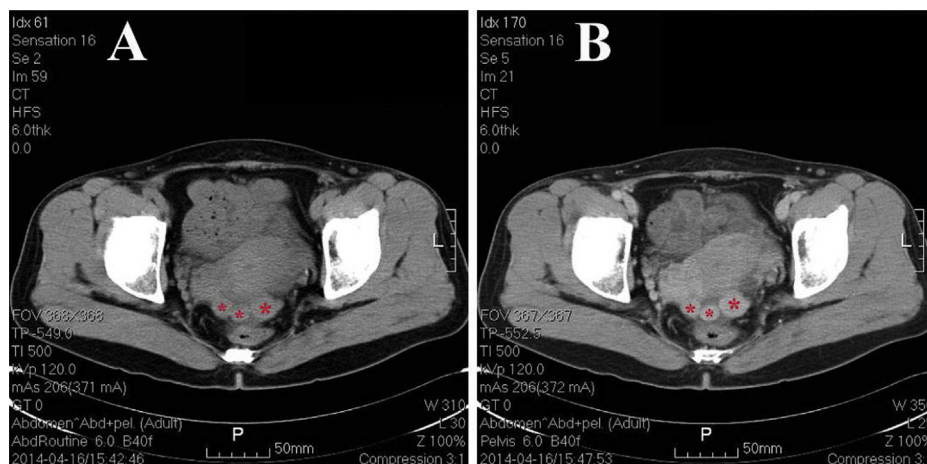
Accessory spleens (AS) are congenital malformations defined as additional ectopic splenic parenchyma. Most of them are innocent until found, and do not usually require treatment. They may have clinical significance since they may be confused for enlarged lymph nodes or have a neoplastic appearance; therefore, accurate pre-operative diagnosis is important to avoid unnecessary surgical management. Herein, we share a rare case of pelvic AS which caused secondary dysmenorrhea mimicking pelvic neoplasm. Gynecologists should be aware of the possible existence of AS in the pelvic cavity in order to make a precise preoperative diagnosis.

A 38-year-old woman with secondary dysmenorrhea was referred for an incidentally detected pelvic mass in a local hospital.

On admission, physical examination findings were unremarkable. Laboratory evaluations were normal, and her medical history was notable for a splenectomy at 16 years of age due to an upper abdominal trauma.

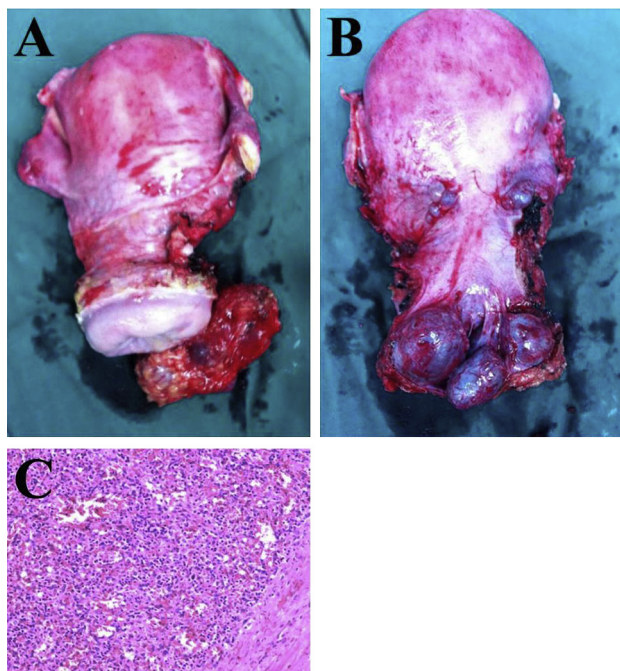
A transvaginal ultrasound revealed multiple hypoechoic nodules in the right adnexal area inside the right ovary and pelvic neoplasms were suspected. Computed tomography scan documented several well marginated round-like soft tissue shadows, enhanced homogeneously at the uterus rear and right adnexal area, with a maximum diameter of 31 mm (Figure 1). To rule out the presence of primary or shedding of neoplastic nodules, a surgical excision was performed. Pathologic examination of the resected specimen revealed splenic tissue (Figure 2). The patient recovered well.

AS is a congenital defect and affects between 10% and 30% of the population. They are generally small (1.5–2.0 cm) and mainly located near the splenic hilum (75%) or the tail of the pancreas



**Figure 1.** Computed tomography documented several well marginated round-like soft tissue shadows, enhanced homogeneously at the uterus rear and right adnexal area, with a maximum diameter of 31 mm.

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**Figure 2.** Photograph of resected specimen showing the accessory spleen. (A,B) Accessory spleen; (C) pathologic examination revealed pelvic splenic tissue.

(20%) [1]. They may infrequently be located in the splenorenal ligament, greater omentum, mesentery, presacral area, retroperitoneal space, adnexal region, scrotum, liver, thorax, as well as the pelvic cavity [2–6]. Herein, we share a rare case of pelvic AS

which caused secondary dysmenorrhea. Although AS is usually of no clinical significance, it may be mistaken for enlarged lymph nodes or a neoplastic nodule during medical imaging. Because AS does not usually require treatment unless symptomatic, accurate preoperative diagnosis is important. Computed tomography, magnetic resonance imaging, and scintigraphy with Tc-99m are helpful in making the diagnosis of AS [7,8].

In conclusion, pelvic AS is a relatively rare entity, that is located far from the main body of the spleen, making diagnosis challenging. This case highlights the possibility of AS in the pelvic cavity, so that gynecologists may make a precise preoperative diagnosis.

### Conflicts of interest

The authors have no conflicts of interest relevant to this article.

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