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SPLENIC SCLEROSING ANGIOMATOID NODULAR TRANSFORMATION - A CASE REPORT

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Abstract :
Splenic Sclerosing angiomatoid nodular transformation (SANT) is a rare non-neoplastic proliferative vascular lesion arising from red pulp of spleen with unknown etiology. Few pediatric cases were reported in literature. A five year old boy presented with vague abdominal pain and was diagnosed with a solid mass near splenic hilum on imaging. However, organ of origin was not clearly made out. He underwent a diagnostic laparoscopy, which showed a Splenic mass which was completely excised along with the spleen.
Keyword : Spleen, Sclerosing angiomatoid nodular transformation, SANT

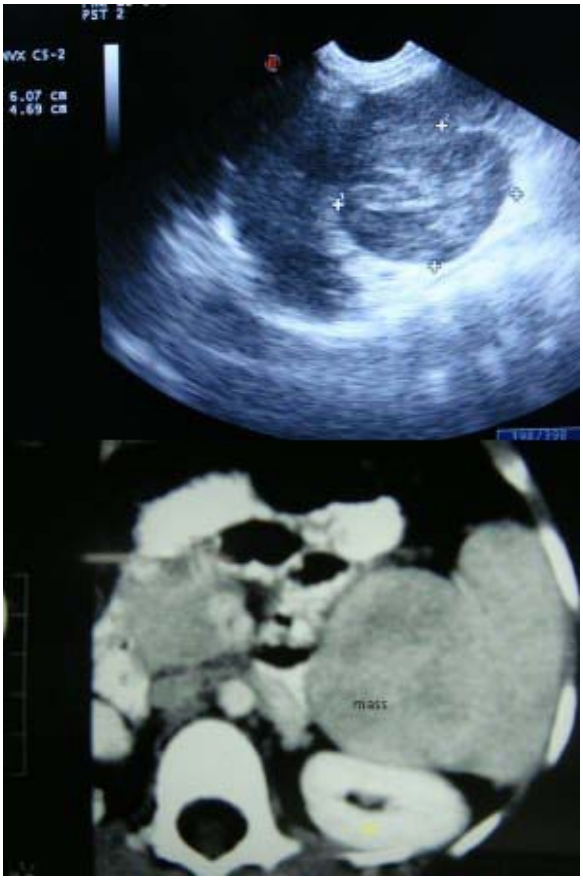
INTRODUCTION:

Sclerosing angiomatoid nodular transformation (SANT) represents a peculiar hamartomatous transformation of splenic red pulp in response to exaggerated non-neoplastic stromal proliferation [(1)] . It has a benign clinical course and splenectomy is curative [(1)]. Age at presentation varies from 22 to 74 years with female predominance [(2)].

CASE REPORT

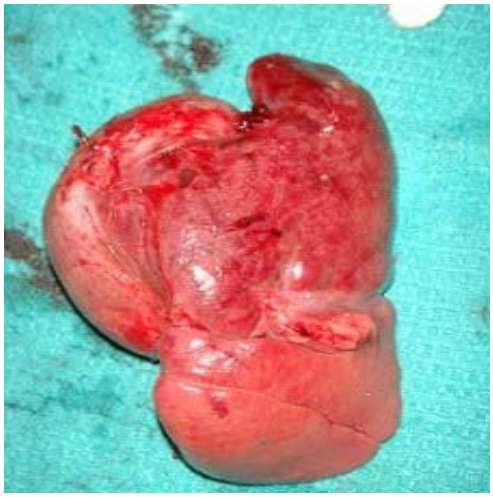
5year old boy presented with fever, abdominal pain, vomiting of 3 days duration. Clinical examination was unremarkable. Biochemical parameters showed elevation of SGOT & SGPT which subsequently normalised. Ultrasound Abdomen showed a 6x5cm mixed echogenic mass with vascularity near tail of Pancreas, anterosuperior to Left Kidney and Invading the Spleen (Figure 1). Contrast CT abdomen showed a spherical, solid, non-enhancing lesion, isodense with spleen without any line of demarcation suggestive of a mass arising from the hilum of spleen(Figure 2).

Figure 1: Ultrasound Abdomen Showing the mass Figure 2: CONTRAST ENHANCED CT ABDOMEN



The differential diagnosis contemplated were Splenic Hamartoma, Lymphoma or a retroperitoneal mass infiltrating the spleen. A diagnostic laparoscopy was done which showed a well defined mass of size 6 X 6 cm arising from medial aspect of spleen. There was no plane of cleavage between mass and spleen. Omentum was densely adherent to the mass. Subsequently, laparotomy and Complete excision of the mass was done along with spleen.

Figure 3: Specimen



Histopathological examination revealed the following features:

Macroscopy:

Spleen along with the exophytic mass of size 6x3.5x3cm was weighing 130gms. Cut section of spleen showed multiple white spots and cut section of mass was variegated with brownish tanned area.

Microscopy – showed splenic tissue with vascular proliferation, extravasated RBC, Haemosiderin surrounded by fibrous tissue with focal nodular formation

DISCUSSION

In 2004, Martel et al first described SANT as a distinctive non-neoplastic vascular lesion of spleen[3]. Differential diagnosis for SANT includes Hemangioma, Lymphangioma, Splenic Hamartoma, and Littoral cell Angioma, Hemangioendothelioma and Inflammatory Myofibroblastic tumour. SANT has multiple Angiomatoid Nodule in fibrosclerotic stroma and each Angiomatoid nodule is made up of slit like vascular space that were lined by endothelial cells[4]

Figure 4: Cut section of the mass

CONCLUSION

Even though SANT is common in middle age group it also manifests in pediatric age group with the same clinical features. As no definitive diagnostic modalities have been identified to differentiate SANT from other splenic lesions, surgery is the treatment of choice [(3)]. However If preoperative diagnosis is established, laparoscopic splenectomy may be contemplated.

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