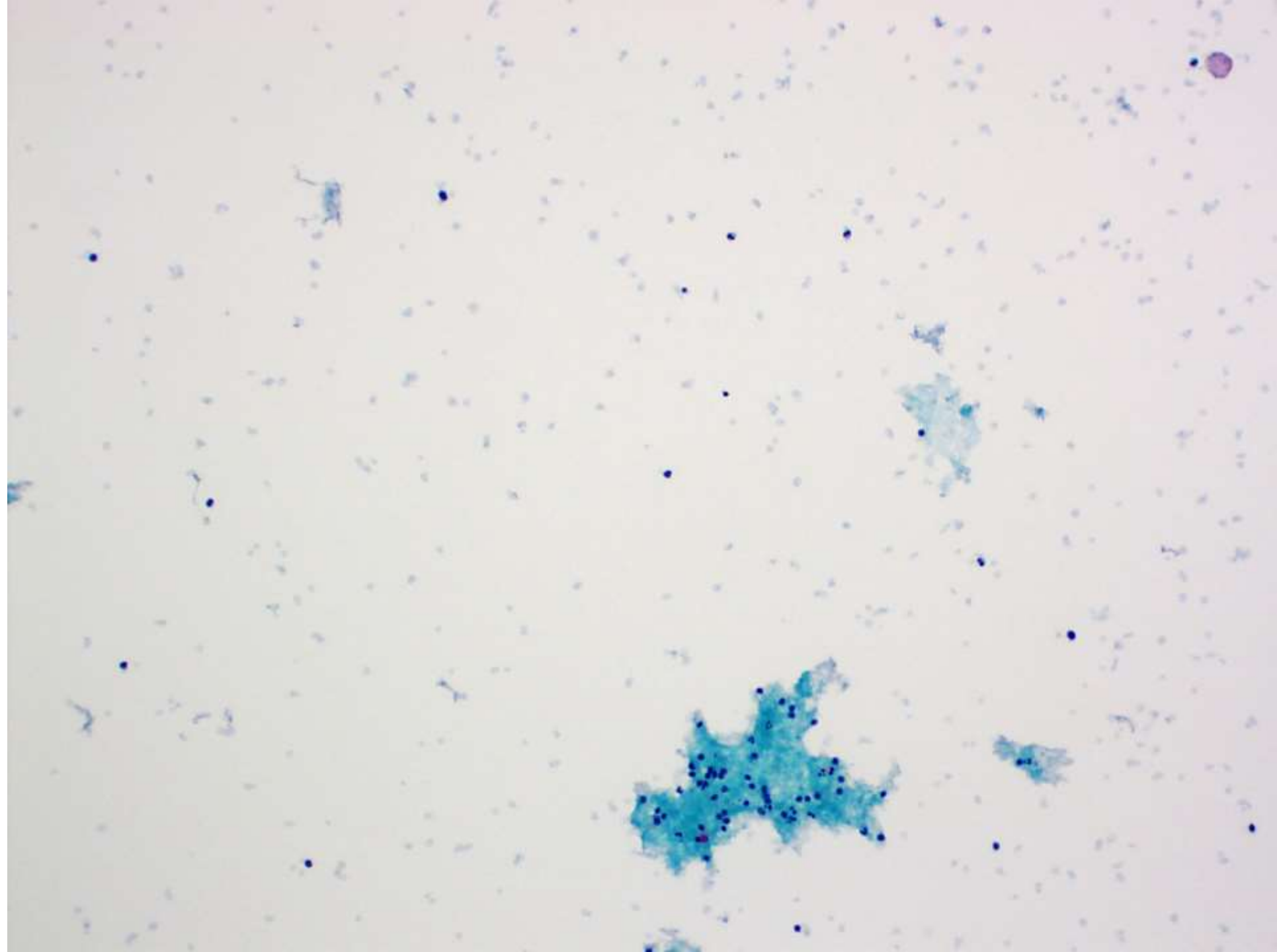


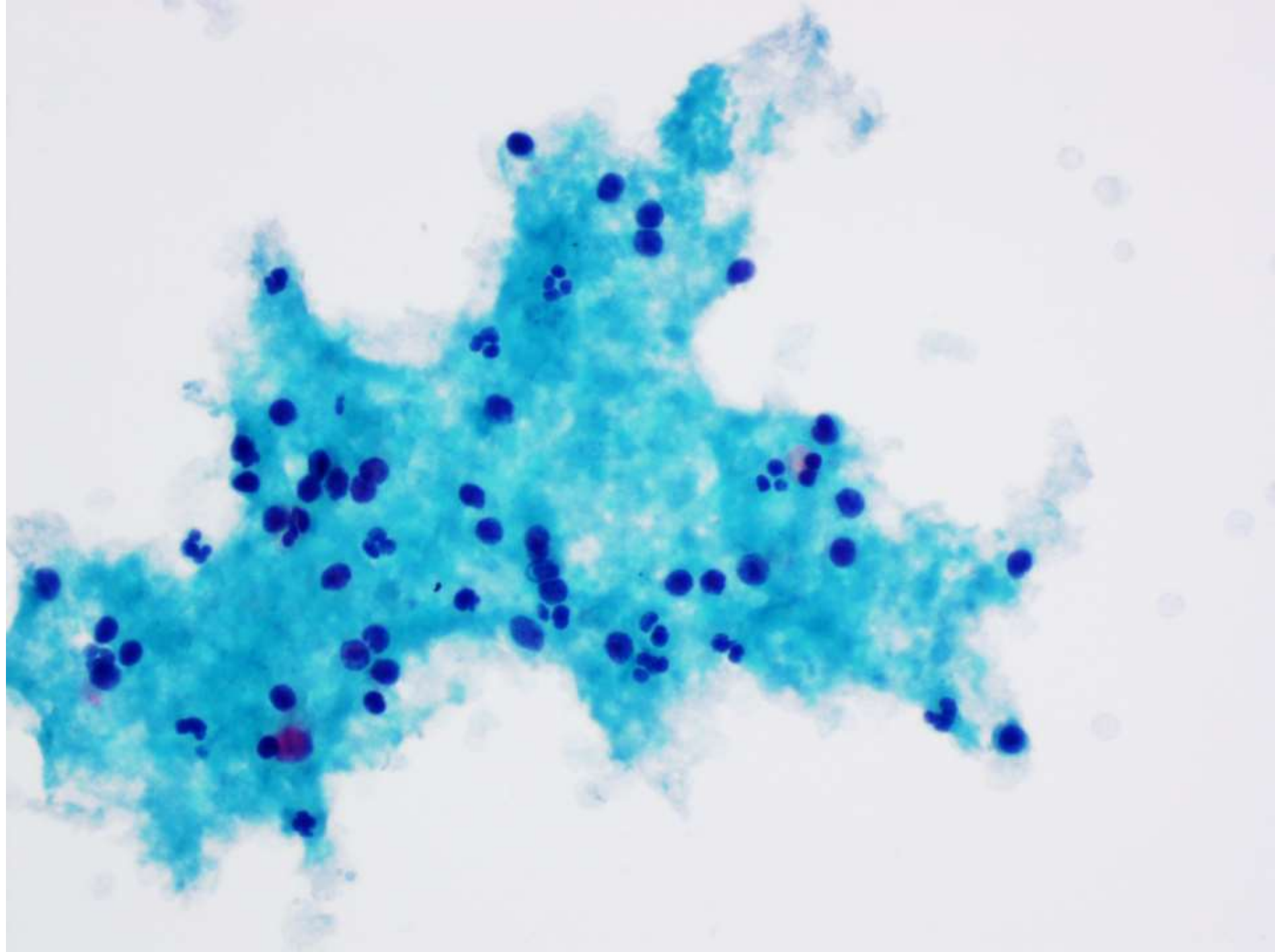
Prof. Dr. Anne Hoorens
Dept. of Pathology
Ghent University Hospital

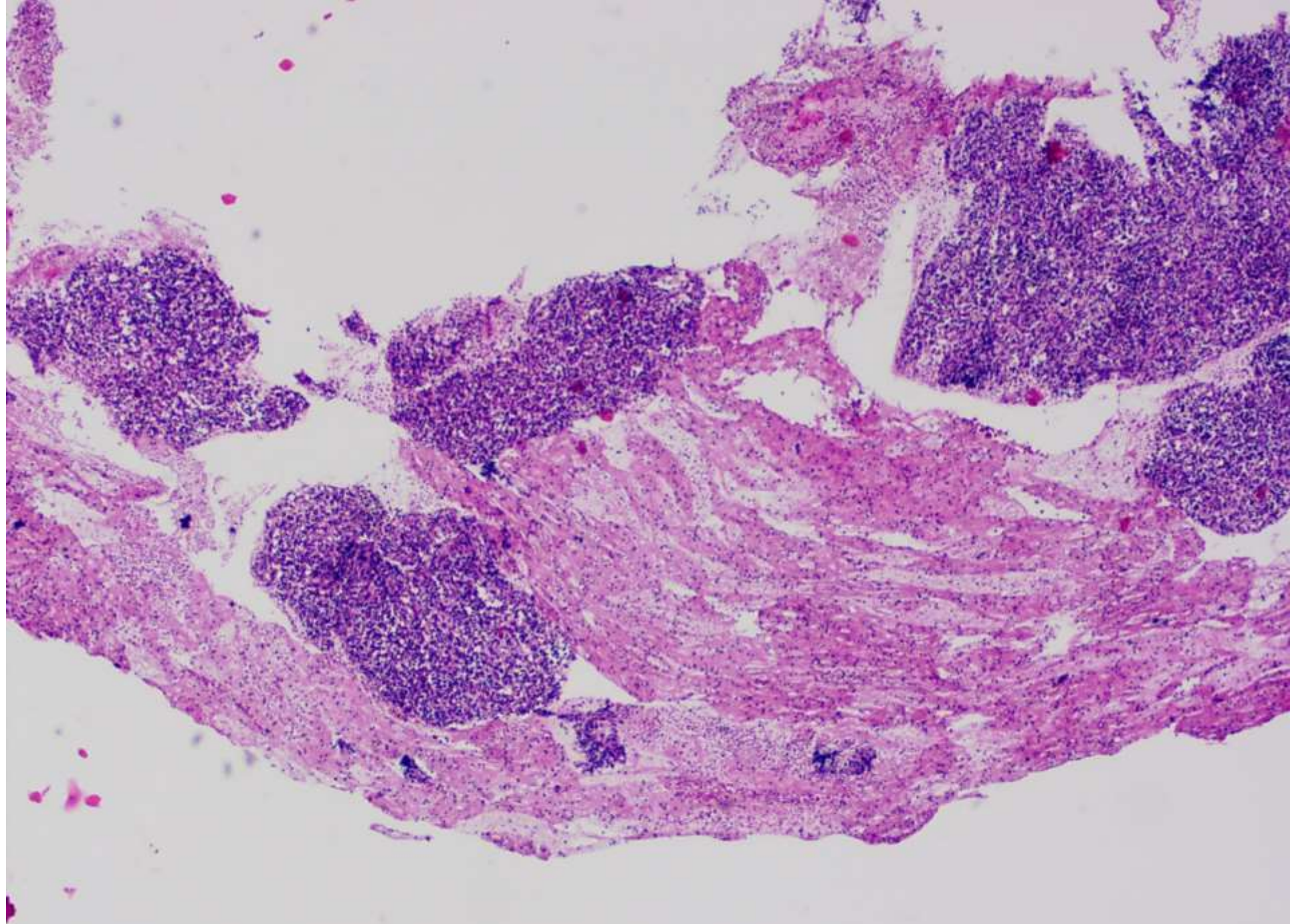
Case presentation

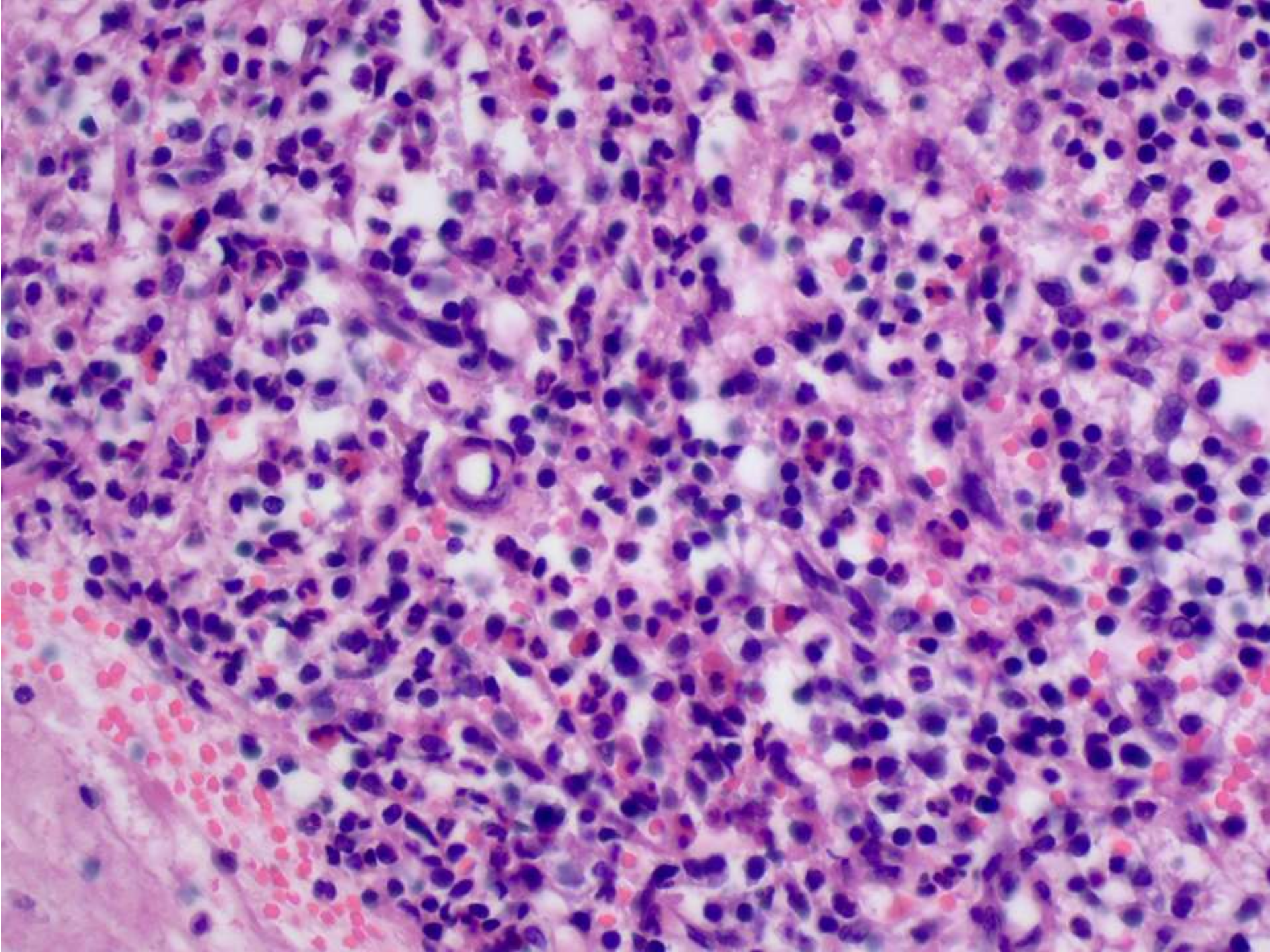
Pancreatic Pathology course.

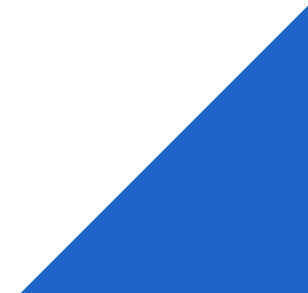
Belgian Society of Pathology – Working Group of Digestive Pathology
14 May 2022

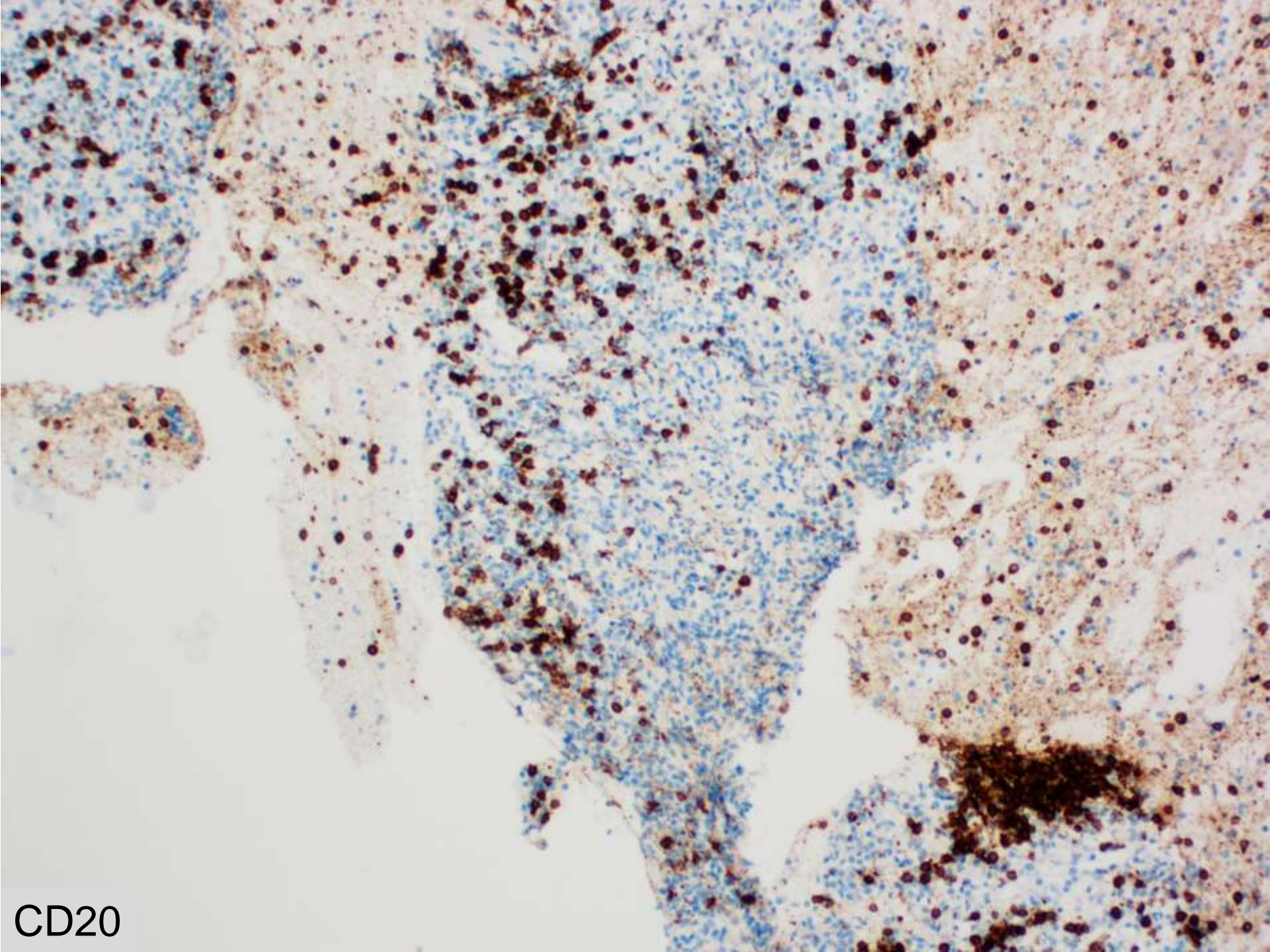




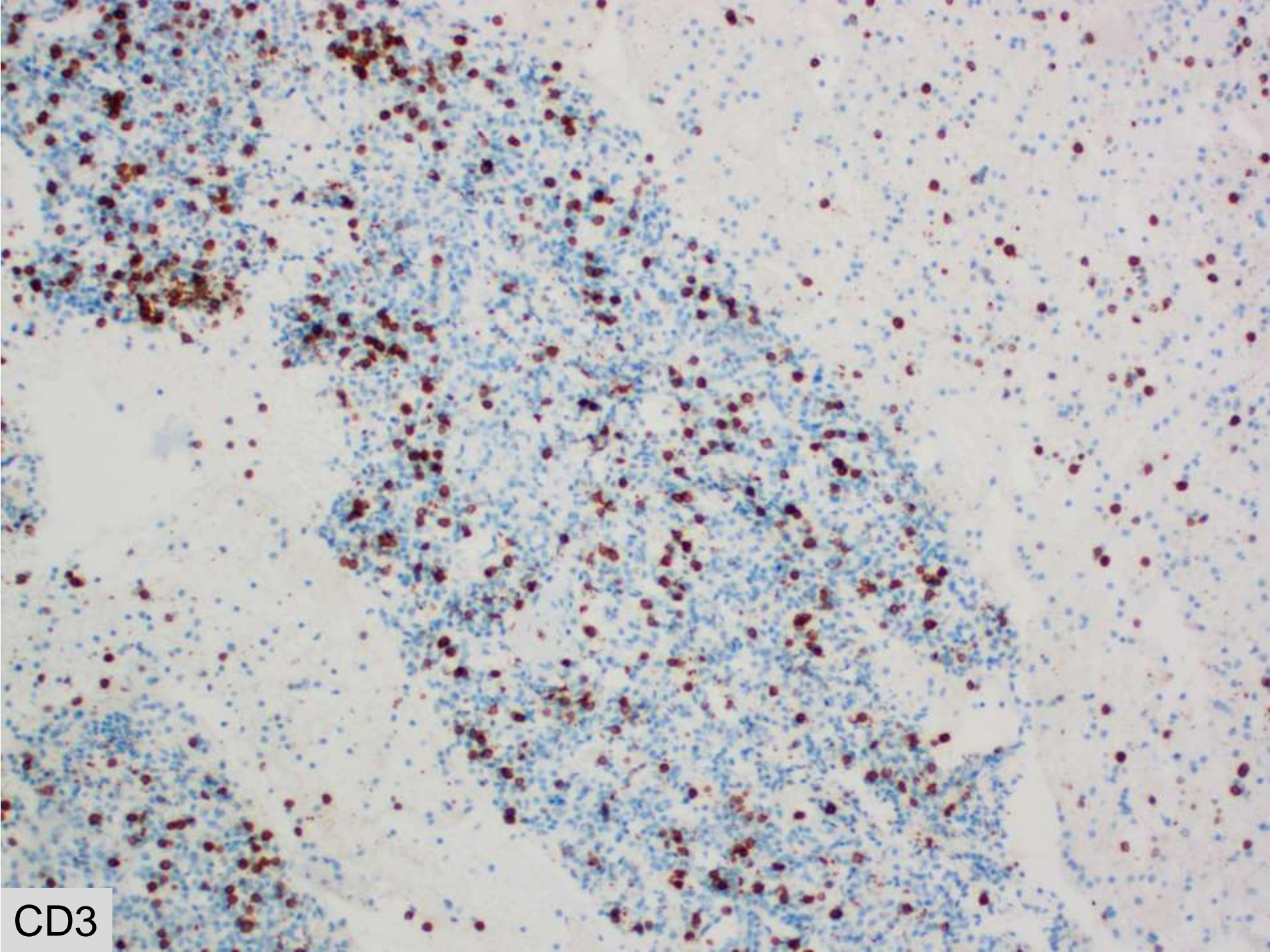




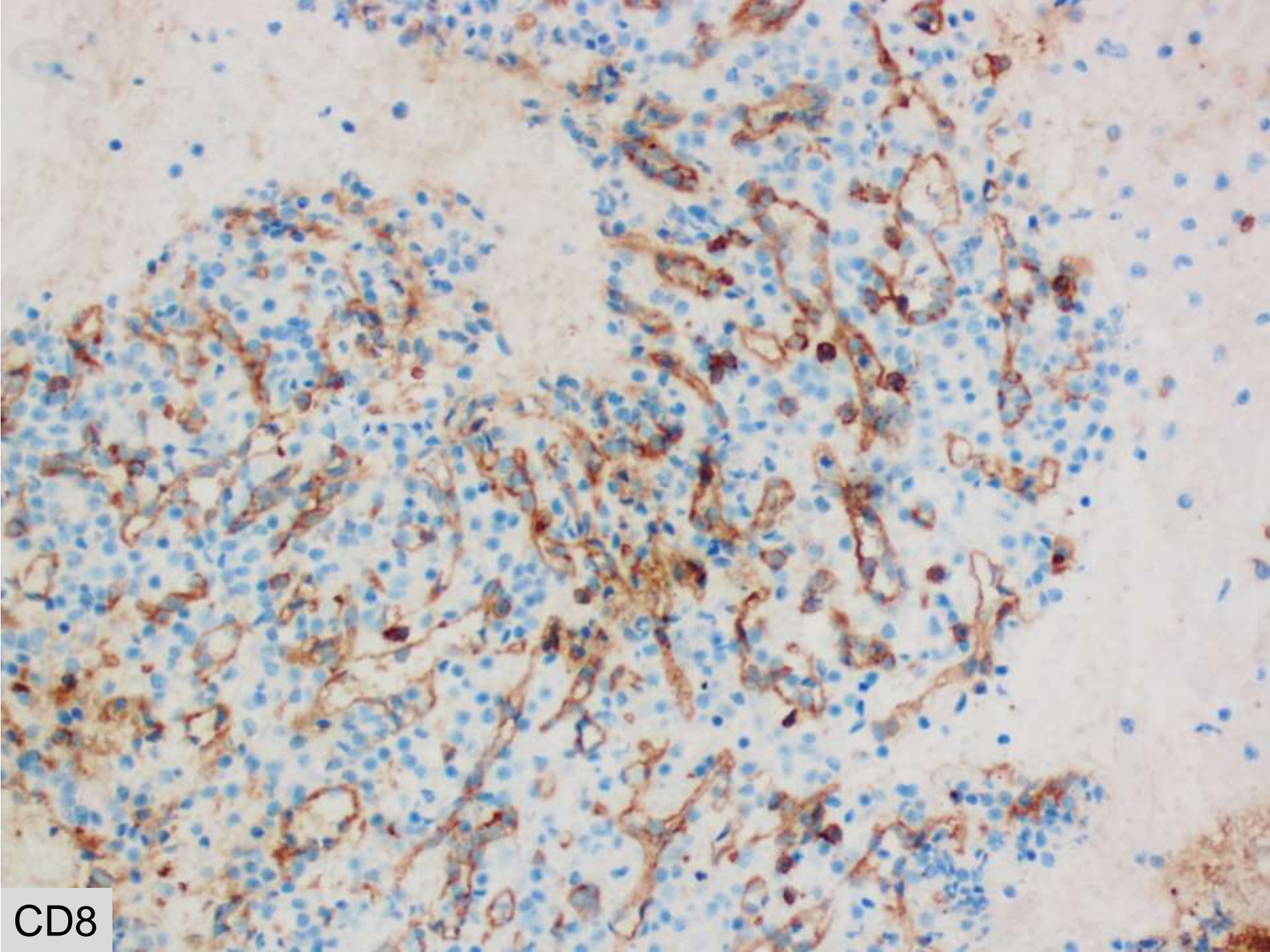




CD20



CD3



CD8



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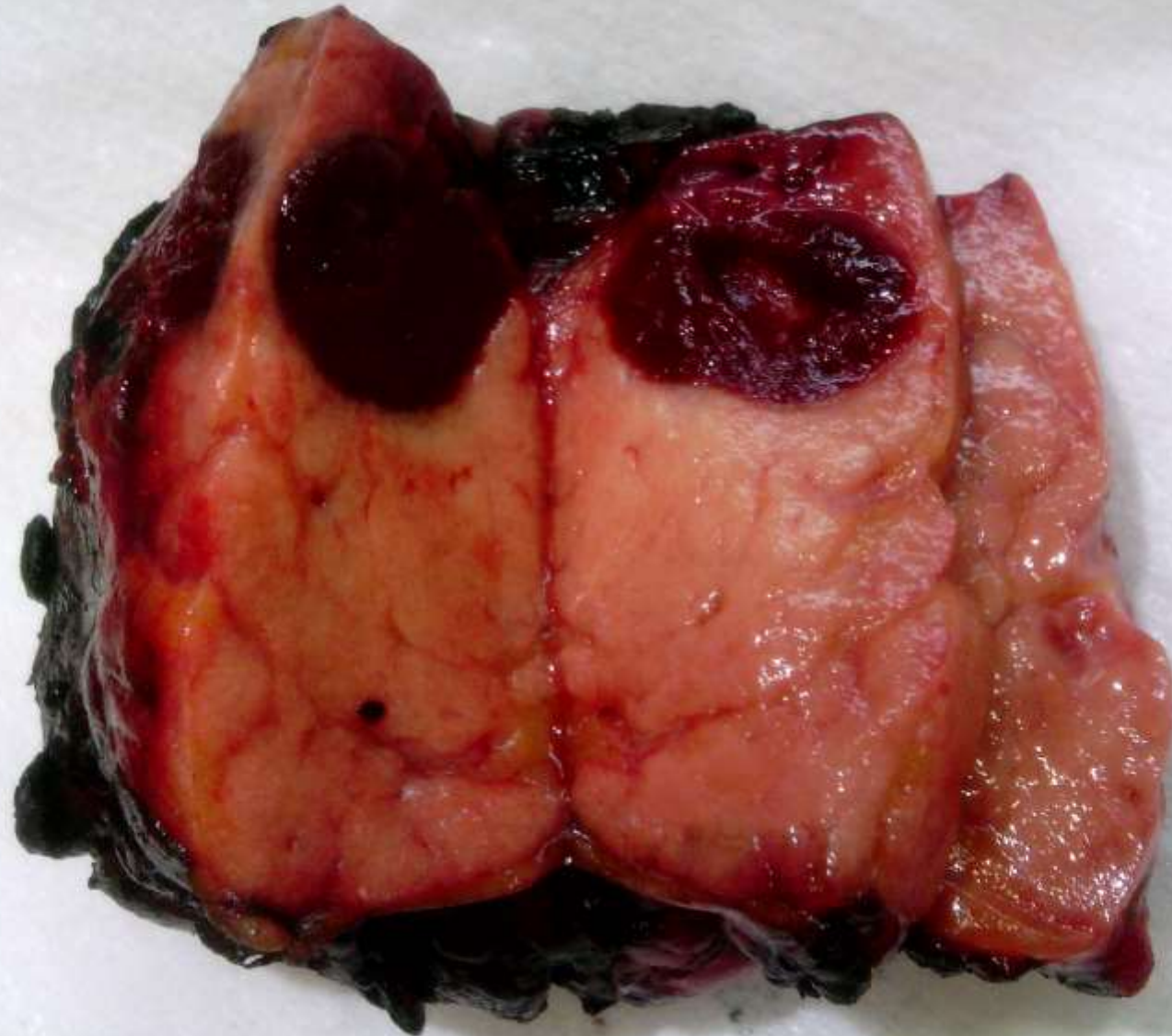
Intrapancreatic accessory spleen mimicking pancreatic NET: can unnecessary surgery be avoided?

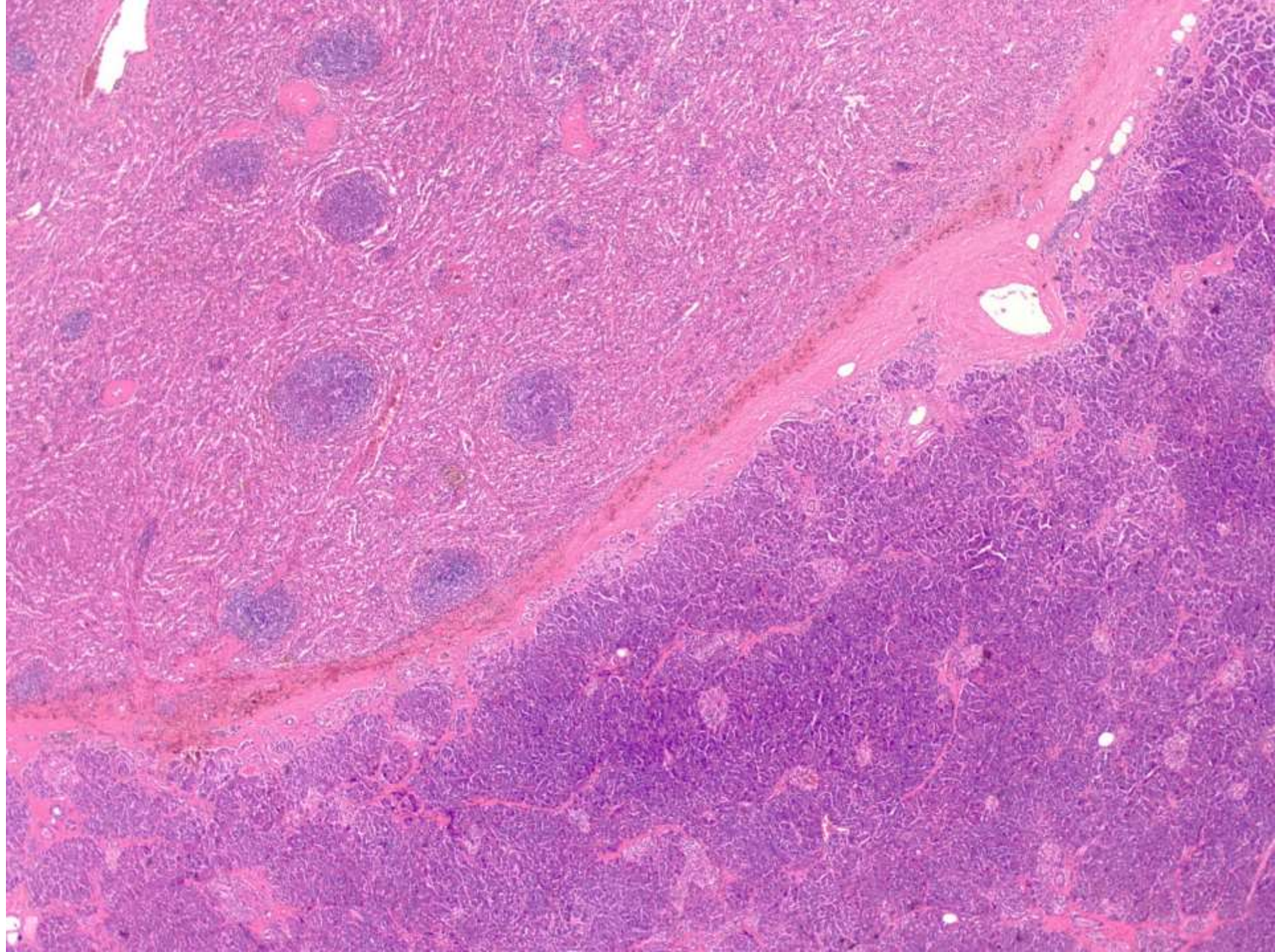
Elisabeth Vandekerckhove, Eline Ameloot, Anne Hoorens, Kathia De Man, Frederik Berrevoet & Karen Geboes

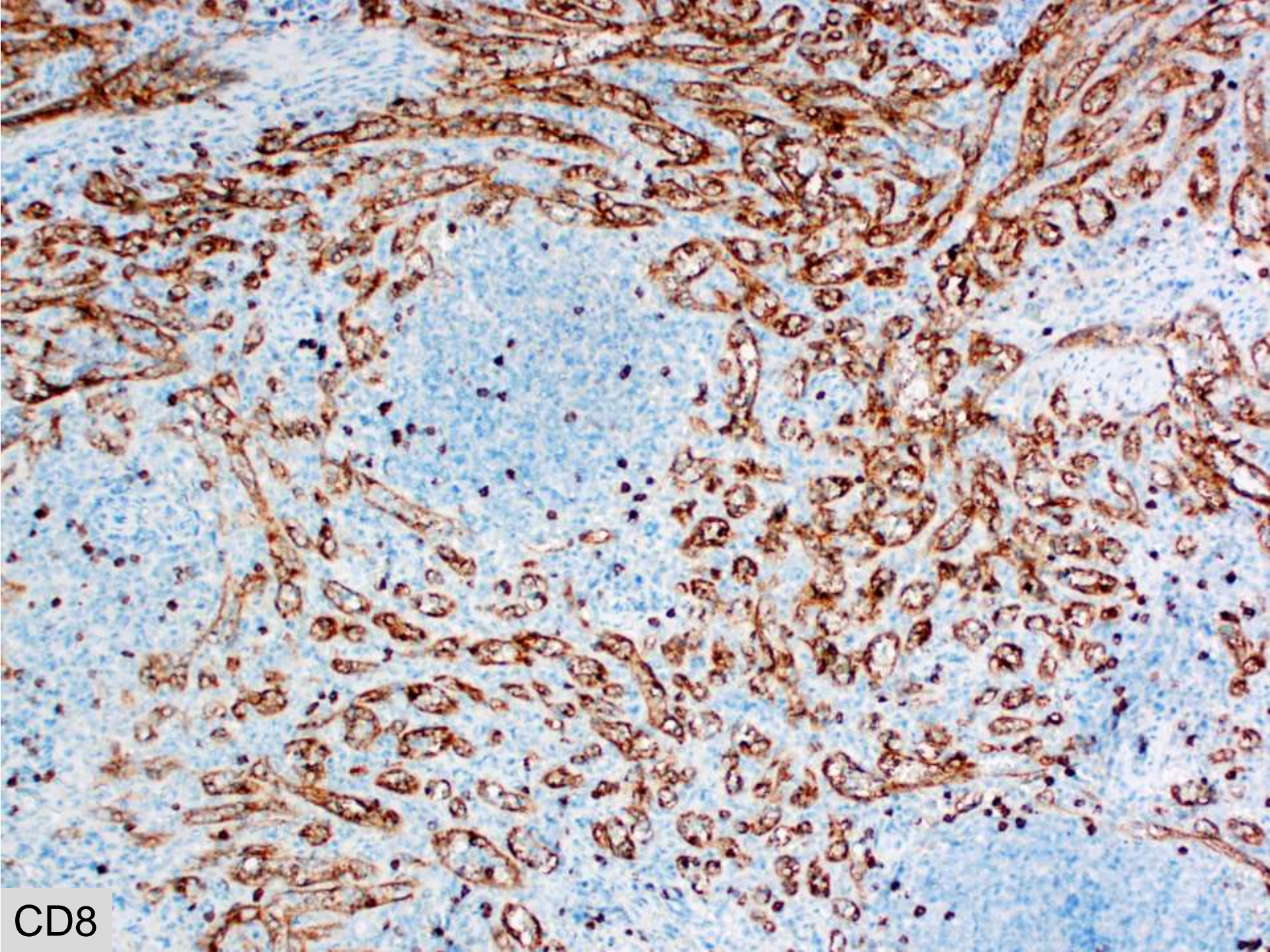
To cite this article: Elisabeth Vandekerckhove, Eline Ameloot, Anne Hoorens, Kathia De Man, Frederik Berrevoet & Karen Geboes (2021) Intrapancreatic accessory spleen mimicking pancreatic NET: can unnecessary surgery be avoided?, Acta Clinica Belgica, 76:6, 492-495, DOI: [10.1080/17843286.2020.1762351](https://doi.org/10.1080/17843286.2020.1762351)

To link to this article: <https://doi.org/10.1080/17843286.2020.1762351>

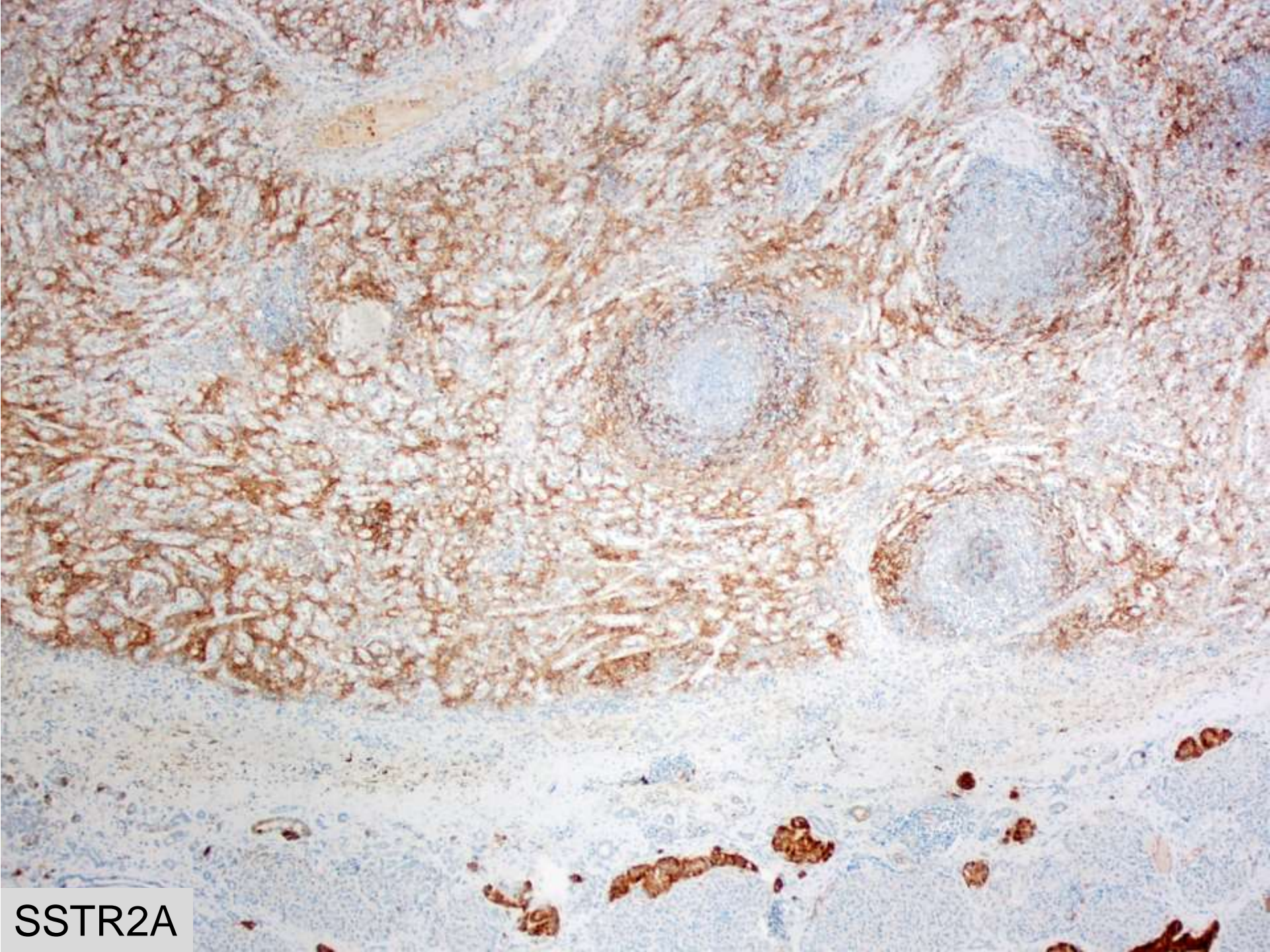
- ▶ Man, 66 yr.
- ▶ Abdominal CT: incidentally detected pancreatic nodule of 2.2 cm in tail
- ▶ 6 months later discrete growth on MRI and heterogeneous early arterial enhancement, as seen in pNET
- ▶ Normal urine 5-HIAA (5-Hydroxyindoleacetic Acid)
- ▶ Raised level of serum CGA (663mcg/L, nl. range 0-84 mcg/L)
- ▶ ⁶⁸Gallium-DOTATOC PET-CT strong SSTR expression, no metastases
- ▶ Multidisciplinary discussion: surgery







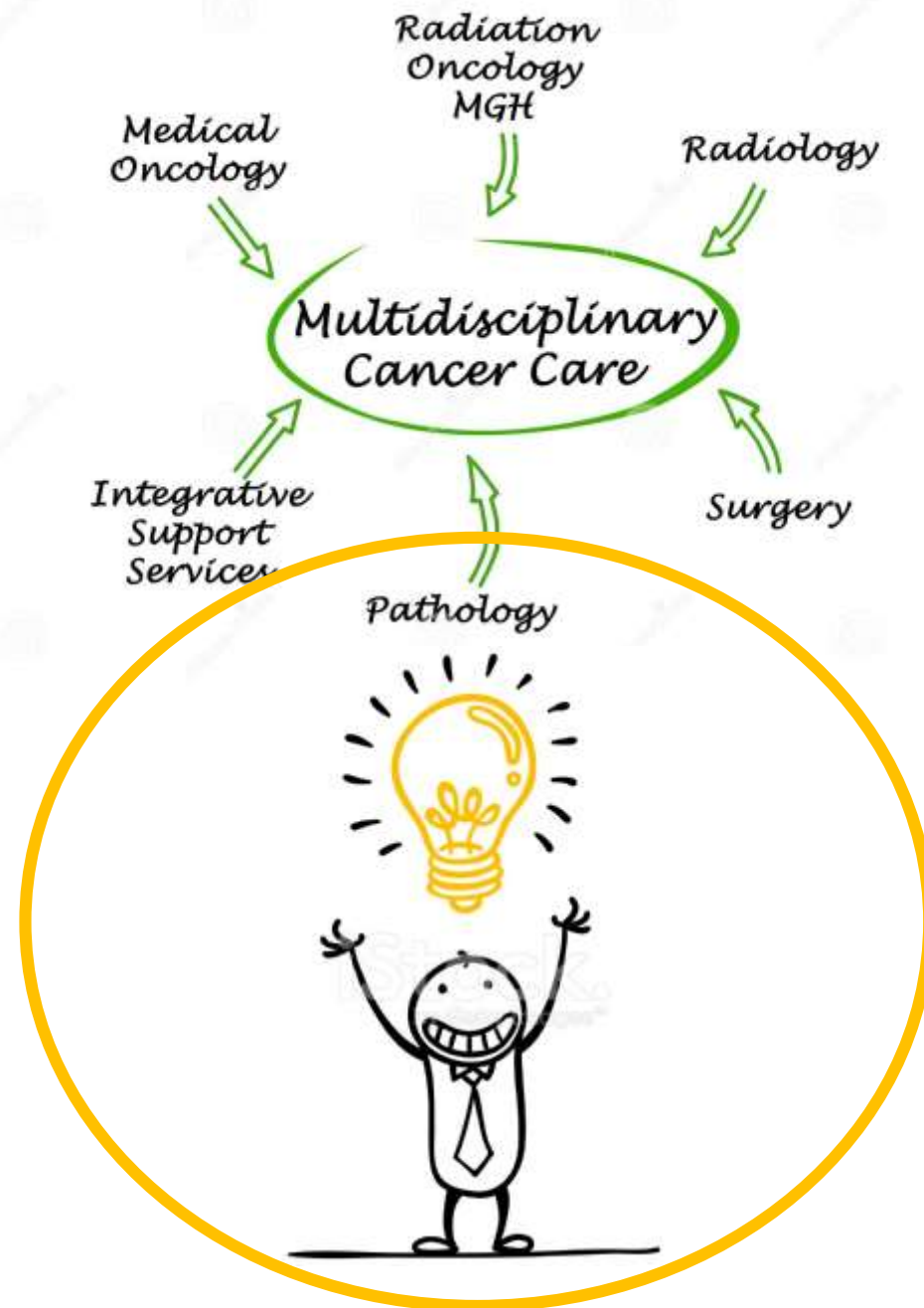
CD8



SSTR2A

Accessory spleen

- ▶ Very frequent anatomical variant
 - ▶ Autopsy series: 10-30%
 - ▶ Scanner series: 15% of patients at least 1 accessory spleen
 - Number: unique (83%) or multiple (17%)
 - Small lesions +++: diameter 4-29 mm, average 11.6 mm
- ▶ Three classic sites
 - ▶ Splenic hilus (80%)
 - ▶ Pancreatic tail (17%)
 - ▶ Submucosa stomach (<2%)





Thanks for your attention!