

## Double trouble: accessory spleen mimicking renal carcinoma recurrence identified by scintigraphy

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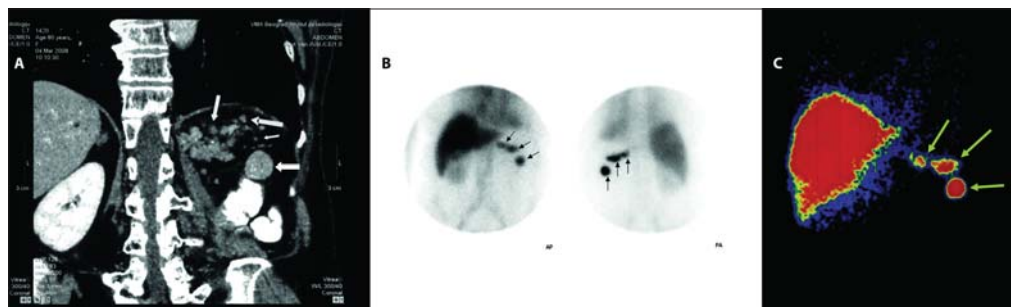
Dear Editor,

In November 1996 a 68-year-old female was diagnosed with chronic lymphocytic leukemia (CLL) stage 0 according to Rai. She had isolated lymphocytosis of 11,000/mm<sup>3</sup> and an HLA-DR, CD19, CD20, CD5, CD23 positive lymphocytic clone in peripheral blood. During the hematological work-up, a lobulated mass with well-defined margins measuring 50×62.5×62 mm was found at the lower pole of the left kidney incidentally by computed tomography (CT) scan. She consequently underwent left radical nephrectomy showing renal cell carcinoma (RCC) with no lymph node involvement (pT2N0M0). In addition, splenectomy was performed due to accidental intraoperative injury. She was regularly monitored afterwards for both malignancies with no adjuvant treatment. In May 2008 a routine abdominal CT scan revealed a newly occurring hyperdense mass measuring 30×20 mm surrounded by a few smaller solid masses in the left renal space, highly suggestive of RCC recurrence (Figure 1A). However, a technetium-99m labeled heat-denatured red blood cell scin-

tigraphy clarified the lesions as accessory spleens (Figure 1B-C). The patient is alive, still without RCC recurrence, 16 years after the diagnosis and nephrectomy. Her CLL remains stable in stage 0 without treatment.

Higher than expected co-occurrence of RCC and lymphoproliferative neoplasms has been found in a number of studies, but the etiology of this association is not yet clarified [1]. Patients with both malignancies need individualized long-term follow-up. Accessory spleens may undergo compensatory hypertrophy as a consequence of previous splenectomy, mimicking RCC recurrence or CLL progression [2]. The presence of accessory spleens was usually confirmed histologically after surgery [3, 4]. Cases of a newly occurring intra-abdominal mass in CLL and RCC patients with a history of both splenectomy and nephrectomy, should compel one to perform splenic scintigraphy for differential diagnosis, so an unnecessary operation can be avoided.

**Keywords:** accessory spleen; chronic lymphocytic leukemia; renal cell carcinoma



**Figure 1.** A: CT image of hyperdense 30×20 mm mass and several smaller solid masses up to 1 cm (arrows) in the left upper retroperitoneal space. B: Technetium-99m labeled heat-denatured red blood cell scintigraphy reveals the masses to be splenic tissue (planar anterior and posterior scintigrams). C: Technetium-99m labeled heat-denatured red blood cell single photon emission tomography (SPET, frontal slice).

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