Introduction

- With increasing abdominal image studies for various reasons, there are also increasing numbers of incidentally detected pancreas lesion.
- Due to gloomy prognosis of pancreas tumors, physicians tend to evaluate and manage these incidental lesions aggressively. Especially, solid mass in pancreas is usually recommended to be removed.
- But, although it is rare, intrapancreatic accessory spleen (IPSA) is not object of surgery. So, physician should be aware of this entity before deciding to do operation for pancreas solid mass.
- I would like to share my recent IPSA case and review the literatures.

Case

Conclusion and Review

- Intrapancreatic accessory spleen (IPSA) is usually less than 3cm in sized, should not be mistaken for other solid pancreatic tumor, like as neuroendocrine tumor, solid pseudopapillary tumor, hypervascular metastasis, to avoid unnecessary surgery. (Gayer et al. CT findings in congenital anomalies of the spleen, Br J Radiology 2001;74(884):767-772.)
- Classically, IPSA was distinguished from other pancreas pathology by 99mTc scintigraphy. But, because of it’s poor spatial resolution, this study cannot discriminate the small tumor around spleen.
- Recently, there is a report that diffusion weighted (DW) and apparent diffusion coefficient (ADC) evaluation of MRI showed about 100% sensitivity and 91% specificity of IPSA. (Jang et al. Differentiation of an intrapancreatic accessory spleen from a small (<3-cm) solid pancreatic tumor: Value of Diffusion-weighted MR imaging, Radiology: Volume 266: Number1 – January 2013)
- In this case, initially I could not rule out metastasis in pancreas from small bowel tumor. But, if he got MRI with DW, he might avoid unnecessary operation.

Initial Presentation

- 25-year-old man visited to emergent department with severe abdominal colicky pain lasting 6 hours.
- Initial CT showed that he had small bowel intussusception with 2cm sized hypervascular mass in distal pancreas

Operation

- Because the pain was not tolerable and there were suspicious findings of small bowel strangulation, the patient got emergent operation; laparoscopic reduction of intussusception, resection of leading mass and splenic vessel preserving distal pancreatectomy.
- Operative findings
  - intussusception; there was long ileoileal intussusception with 1cm sized pedunculated polyp.
  - pancreas mass: 1.6 cm sized reddish hard mass in distal pancreas parenchyme

Pathology:

- Hyperplastic polyp with infarction
- Intrapancreatic accessory spleen

Postoperative Course

- The patient was recovered without any complications and discharged at postoperative day 7.

Postoperative Follow-up CT at POD 7