

Accessory Spleen: A Case Report Emphasizing Clinical Recognition and Surgical Management

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ARTICLE INFO	ABSTRACT
Published Online: 29 October 2025	“Accessory spleens are found in approximately 10–30% of the population and are usually clinically silent” [1]. Accessory spleens, or splenules, are congenital foci of splenic tissue located outside the normal splenic parenchyma. They are often asymptomatic and discovered incidentally during imaging for unrelated issues. In patients with a history of splenectomy, the likelihood of encountering an accessory spleen increases. This review discusses the presentation, diagnosis, surgical management, and postoperative care of a patient with an enlarged accessory spleen.
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INTRODUCTION

Accessory spleens are common anatomical variants, present in approximately 10–30% of the population [1]. They are typically located near the splenic hilum, tail of the pancreas, or within the greater omentum. In patients with a history of splenectomy, accessory spleens may serve as functional splenic tissue, potentially leading to persistent or recurrent hematologic conditions. This review aims to highlight the clinical significance of accessory spleens, particularly in post-splenectomy patients.

CASE PRESENTATION

A 43-year-old woman with a history of splenectomy at age 6 due to trauma presented with sharp left flank pain. Physical examination revealed tenderness in the left upper quadrant without signs of peritoneal irritation. Laboratory tests were unremarkable. Abdominal CT imaging revealed a well-defined mass in the left upper quadrant demonstrating soft tissue enhancement, raising suspicion for an enlarged accessory spleen. The patient underwent laparoscopic excision of the mass, and her postoperative course was uneventful. She was discharged on postoperative day 3 after receiving necessary post-splenectomy vaccinations.



(Figure 1: CT imaging of the accessory spleen)

DISCUSSION

Accessory spleens are often asymptomatic and discovered incidentally during imaging for unrelated issues. However, in post-splenectomy patients, accessory spleens may become symptomatic due to complications such as torsion, hemorrhage, or hyperfunction. For instance, a case report described a 6-year-old child who developed hyperfunction of the accessory spleen 7 years after undergoing splenectomy [2].

Imaging modalities such as CT, MRI, and nuclear scintigraphy are instrumental in diagnosing accessory spleens. CT imaging typically reveals a well-defined, hypervascular mass resembling splenic tissue. In the case presented, CT imaging demonstrated a mass in the left upper

quadrant with soft tissue enhancement, consistent with an accessory spleen .



(Figure 2). Specimen post resection.

Laparoscopic excision is the preferred surgical approach for symptomatic accessory spleens due to its minimally invasive nature and favorable recovery profile [3].

Post-splenectomy patients are at increased risk for infections, particularly from encapsulated organisms. Therefore, vaccination against pneumococcus, meningococcus, and Haemophilus influenzae type b is recommended [4]. In the presented case, the patient received the necessary

vaccinations before discharge to mitigate this risk.

CONCLUSION

This case underscores the importance of considering accessory spleens in patients with prior splenectomy who present with abdominal pain. Imaging studies play a crucial role in diagnosis, and laparoscopic excision remains a safe and effective treatment option. Postoperative management should include appropriate vaccinations to protect against infections.

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