

Case Study

<https://doi.org/10.20546/ijcmas.2026.1502.011>

Rare Case of Redevelopment of Neospleen in Normal Splenic Position Following Splenectomy and Multiple Splenuncles in Pelvis

Ashish Shilwant^{id*}

Swansea Bay University Health Board UK

*Corresponding author

ABSTRACT

Accessory spleens also called as splenunculi are relatively common, but the presence of multiple splenunculi within the pelvis is rare and can be a significant diagnostic challenge. Such lesions may mimic pathological lymphadenopathy or gynaecological masses particularly on cross sectional imaging or ultrasound. We report a rare case of multiple pelvic splenunculi in a 63-year-old male, incidentally, detected during MRI of prostate. The MRI demonstrated several oval-shaped masses in the pelvis and in the right common femoral region, initially reported as suspicious pathological lymph nodes, prompting further evaluation with contrast enhanced CT of the abdomen and pelvis. CT revealed four homogenous enhancing pelvic masses and one in the right common femoral region suspicious for metastatic lymphadenopathy and leading to a recommendation for USG guided biopsy. However, multidisciplinary (MDT) discussion highlighted a history of prior splenectomy. Imaging review demonstrated re-development of splenic tissue at normal splenic site and the pelvic and right femoral masses showed enhancement characteristics identical to spleen. These findings were consistent with multiple splenunculi rather than metastatic disease. No further investigations or invasive procedures were required. This case showcases a very rare case of multiple splenuncles in the pelvis. It also highlights importance of thorough clinical history and careful imaging correlation to avoid misdiagnosis and unnecessary interventions in patients with prior splenectomy.

Keywords

Neospleen,
Splenectomy,
Splenuncles,
Pelvis,
Splenunculi

Article Info

Received:
22 December 2025
Accepted:
25 January 2026
Available Online:
10 February 2026

Introduction

Accessory spleen also known as splenunculi is splenic tissue found separate from main spleen. They are seen in 10% - 30% of population and are commonly located at splenic hilum, along the splenic vessels or at one of the poles of normal spleen. They may be formed as developmental anomaly or following trauma or splenectomy wherein the splenic tissue undergoes auto

transplantation also called splenosis. Those with accessory spleen approximately 86% have one, 11% have two and 3% have three or more.

A pelvic splenuncle is very rare and presence of multiple splenuncle in pelvis is extremely rare. They can be easily misdiagnosed as lymphnodes, metastasis or gynaecological masses.

Case report

A 63-year-old male underwent MRI pelvis examination for clinical history of urgency and frequency. His DRE examination revealed enlarged prostate gland. He had no other complaints. The MRI revealed enlarged prostate gland with no suspicious areas of restricted diffusion or abnormal contrast enhancement. However, there were few suspicious lesions noted in pelvis. These lesions were well-defined oval and round shaped and described as suspicious lymphnodes. There were at least three lesions in the pelvis and one in right common femoral region. A CT scan of chest abdomen and pelvis was suggested. The CT revealed same findings of homogenously enhancing lesions in pelvis (atleast three) and one in right common femoral region. There were additionally two more lesions in the mesentry on the left side of abdomen. No other sinister abnormality was detected. These lesions were described as pathological lymphnodes and possibility of ultrasound guided biopsy was suggested for right common femoral lesion which appeared superficial.

However, in multidisciplinary team meeting the patient's previous ultrasound abdomen report of April 2020 highlighted the finding of previous splenectomy. Retrospective clinical history revealed previous post trauma splenectomy in 1970. The patient had

redeveloped neo-spleen in the normal splenic position. It was discussed in the MDT that the nodules in abdomen and pelvis had enhancement similar to the spleen and were splenuncles. Considering the patients history and enhancement pattern similarity to spleen it was suggested that further evaluation with nuclear scan was not necessary. A follow up with ultrasound was suggested at three months interval.

The rarity of neospleen development in normal splenic position after splenectomy with multiple splenuncles in pelvis and abdomen was highlighted making this an unusual case report. Thus, further investigation with biopsy and nuclear scan was averted.

Discussion

Splenuncle or accessory spleen (AS) is presence of splenic tissue outside to the normal spleen. It has some histology and endothelial function as normal spleen. AS is seen in 10-30% of the general population (1). It is commonly detected in 20-40 years age group (4). The most common location is splenic hilum (75%) and pancreas tail (20%). Rest 5% are found in greater omentum, mesentry, retroperitoneum, pelvis and even in chest (3). They occur most commonly as single (86%), 11% have 2 lesions & 3% have 3 or more splenuncles (3).

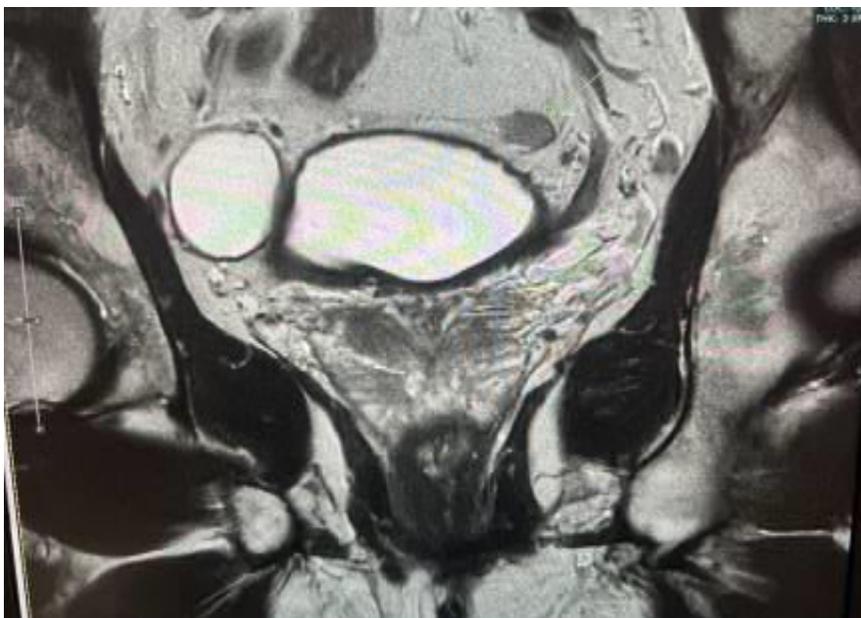


Image.1 Sagittal T2 weighted image reveals suspicious lesion (marked by arrow) in pelvis adjacent to bladder.



Image.2 Axial post contrast CT image of pelvis reveals right common femoral lesion.

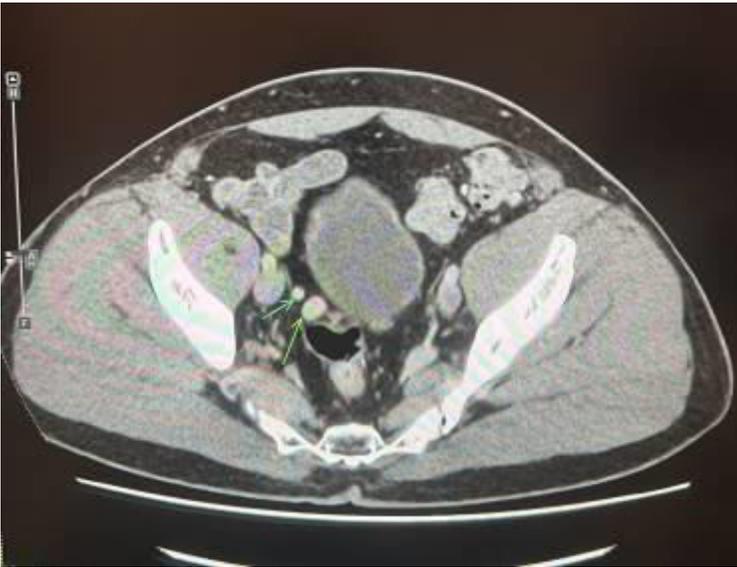


Image.3 Two more lesions in pelvis.



Image.4 Ct sections through mid-abdomen reveal splenosis in anterior left mesentery.

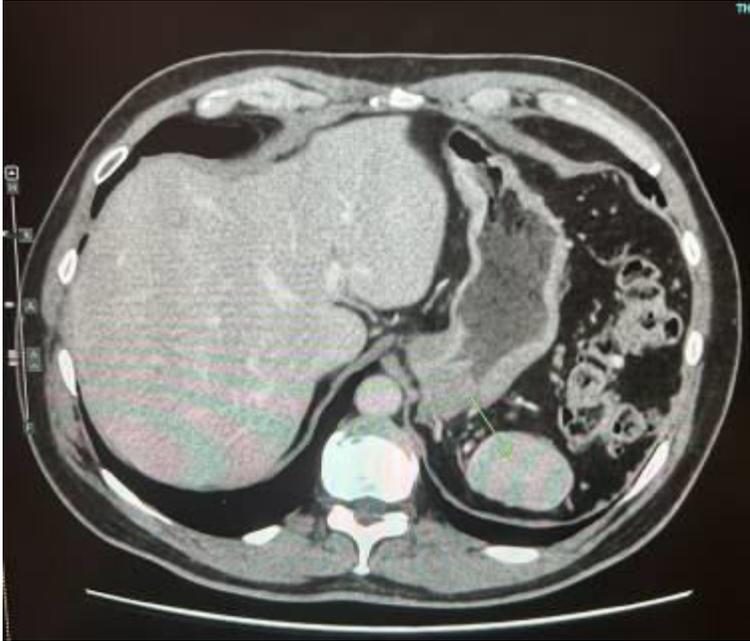


Image.5 Ct sections through upper abdomen reveal development of new spleen in normal splenic position after splenectomy

Multiple AS is very rarely seen in pelvis. They may be developmental or congenital. A case of large wandering spleen has been described where the spleen migrated to pelvis in young female (2). AS in pelvis may be seen after splenectomy or trauma as result of auto transplantation of splenic tissue (3). This was seen in our case, and this condition is referred to as splenosis.

AS in pelvis is usually asymptomatic unless complicated by torsion, trauma or haematological malignancies (5). They are usually detected during radiological investigation done for other indications or during surgeries (6). They may further add to diagnostic dilemmas when they present as adnexal masses in gynaecology. A proper clinical, radiological and tumour marker correlation is essential to avoid unnecessary invasive investigations or treatment.

In the present case, after splenectomy the patient redeveloped new spleen in the normal splenic position in the left hypochondriac region. Also, in the request form no prior history of splenectomy was mentioned. Splenuncle being very rare in pelvic and spleen being seen normal position, the splenosis in pelvic was reported as pathological lymphnodes both on MRI and CT and biopsy was suggested for right common femoral lesion. However, the MDT discussion highlighted the previous history of splenectomy. Also, enhancement pattern of pelvic lesion was similar to the spleen. So, the diagnosis of splenuncle was made and decision to further

evaluate with biopsy and nuclear scan was deferred. Instead, ultrasound follow up was suggested. Postsplenectomy formation of neospleen at normal position and multiple splenosis in pelvis mimicking pathological lymphnodes makes this very rare case study. Also, the importance of proper previous history and imaging characteristics correlation is highlighted.

Abbreviations: AS, accessory spleen; CT, computed tomography

Ethics Declaration: Not applicable.

Author Contributions

Ashish Shilwant: Investigation, formal analysis, writing—original draft.

Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethical Approval Not applicable.

Consent to Participate Not applicable.

Consent to Publish Not applicable.

Conflict of Interest The authors declare no competing interests.

References

1. Zhou JS, Chen X, Zhu T, Ding GJ and Zhang P: Pelvic accessory spleen caused dysmenorrhea. Taiwan J Obstet Gynecol 54: 445-446, 2015. <https://doi.org/10.1016/j.tjog.2015.06.018>
2. Hsiao SM, Lee LC and Chang MH: Large pelvic accessory spleen mimicking an adnexal malignancy in a teenage girl. J Formos Med Assoc 100: 565-567, 2001.
3. Taskin MI, Baser BG, Adali E, Bulbul E and Uzgoren E: Accessory spleen in the pelvis: A case report. Int J Surg Case Rep 12: 23-25, 2015. <https://doi.org/10.1016/j.ijscr.2015.05.033>
4. Perin A, Cola R and Favretti F: Accessory wandering spleen: Report of a case of laparoscopic approach in an asymptomatic patient. Int J Surg Case Rep 5: 887-889, 2014. <https://doi.org/10.1016/j.ijscr.2014.10.007>
5. Obuchi T, Takagane A, Sato K, Yonezawa H, Funato O and Kobayashi M: Single-incision laparoscopic excision of symptomatic accessory spleen in the pelvis: An initial report. J Minim Access Surg 13: 321-322, 2017. https://doi.org/10.4103/jmas.JMAS_48_16
6. Ota H, Ojima Y, Sumitani D and Okajima M: Dynamic computed tomography findings of an accessory spleen in the pelvis: A case report. Surg Case Rep 2: 23, 2016. <https://doi.org/10.1186/s40792-016-0148-3>

How to cite this article:

Ashish Shilwant. 2026. Rare Case of Re development of Neospleen in Normal Splenic Position Following Splenectomy and Multiple Splenuncles in Pelvis. *Int.J.Curr.Microbiol.App.Sci*. 15(2): 123-127.
doi: <https://doi.org/10.20546/ijemas.2026.1502.011>