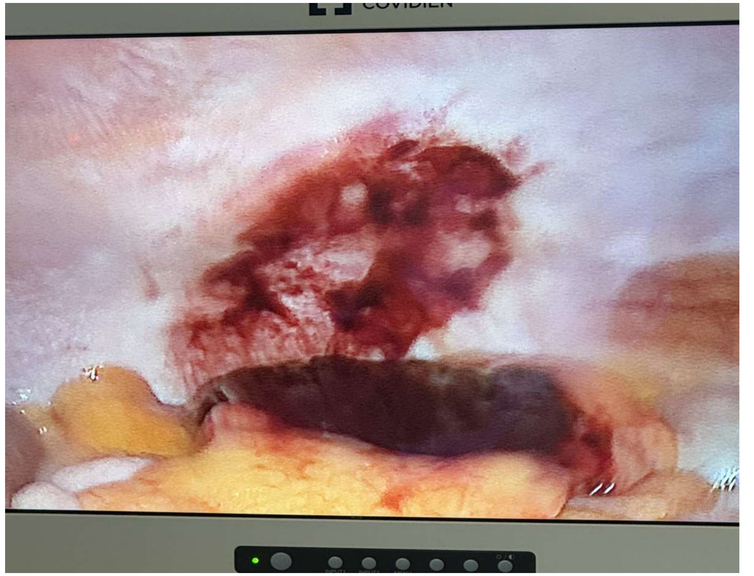
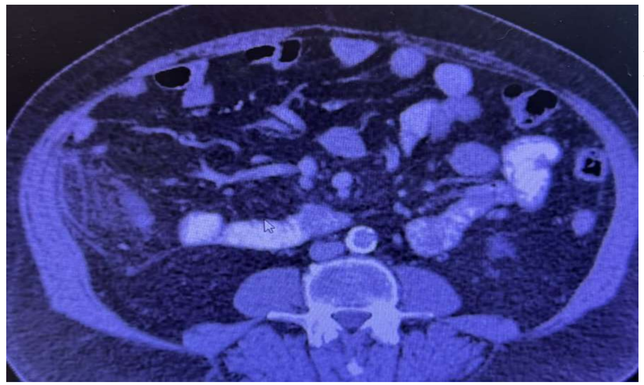
AN UNCOMMON INTRAOPERATIVE FINDING DURING LAPAROSCOPIC APPENDECTOMY: A RARE CASE REPORT

Στεφάνου Ι. , Θερμού Δ. , Κυμπούρης Σ. , Κανελλοπούλου Β. , Σεφερλή Σ. , Καρδαράς Ν ., Χατζοπούλου Δ. , Ιμάντ Θ. , Παλυβού Θ. , Σπυροπούλου Κ. , Ντότσικα Α. , Ιότοβα Μ ., Συγκούνας Γ., Βολτέας Σ.
Χειρουργικό Τμήμα ΕΣΥ, Γ.Ν.Α Ιπποκράτειο, Αθηνα, Greece

AIM: To report an uncommon intraoperative finding of an accessory spleen located in the right iliac fossa, incidentally discovered during laparoscopic appendectomy



CASE PRESENTATION:
A 65-year-old male with a past medical history of diabetes mellitus and ventriculoperitoneal shunt, presented to the emergency department with a 24-hour history of right iliac fossa pain. Laboratory work-up revealed leukocytosis and elevated inflammatory markers. Contrast-enhanced abdominal CT demonstrated findings consistent with acute appendicitis, describing a retrocecal appendix with mural thickening, luminal distension, and periappendiceal fat stranding. The patient was taken to the operating room for laparoscopic appendectomy. Intraoperatively, adjacent to the right lateral parietal peritoneum, immediately overlying the appendix, a well-circumscribed, dark-red mass resembling a hematoma was encountered. The lesion was dissected from the peritoneal wall and removed en bloc with the appendix. The postoperative course was uneventful, and the patient was discharged in good clinical condition. Histopathological analysis revealed that the presumed hematoma corresponded to normal splenic tissue, confirming the diagnosis of an accessory spleen.



DISCUSSION-CONCLUSION:

Accessory spleens are congenital foci of normal splenic tissue, occurring in 10–15% of the population, usually in the splenic hilum or pancreatic tail. Over 90% are left-sided; right-sided locations are exceptionally rare, with only a handful of cases reported and just one in the right iliac fossa. Such lesions can mimic acute appendicitis or other inflammatory/hemorrhagic conditions, making preoperative diagnosis difficult. In our case, the mass was mistaken for a hematoma near the appendix and the true nature was revealed only histologically. This case adds to the scarce literature, underlining both the rarity of this presentation and the diagnostic challenges it poses.