Isolated splenic peliosis in an immunocompromised patient

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Background
Peliosis was first described in the liver by Schoenland in 1916 (cited by Gushiken). Isolated splenic peliosis is extremely rare, and most cases are associated with peliosis hepatis. Establishing the incidence of splenic peliosis is difficult, since the condition usually remains asymptomatic or is discovered incidentally at autopsy or through imaging.

Case presentation
A 45-year-old HIV-positive man on antiretroviral therapy presented with a left hypochondriac abdominal mass. Radiological and histopathological examination confirmed splenic peliosis.

Discussion
Peliosis is a pathological condition characterised by the gross appearance of multiple cyst-like, blood-filled cavities within solid organs. It was thought that peliosis develops exclusively in organs that are part of the mononuclear phagocytic system, but studies have shown that other organs such as the lungs, parathyroid glands and kidneys may also be affected. Splenic peliosis was first reported in 1978. Until then peliosis was thought to occur commonly in the liver.

In patients with AIDS, an association between bacillary angiomatosis and parenchymal bacillary peliosis has been demonstrated. This is due to secondary infection with B. henselae or a similar organism, Rochalimaea henselae. Both organisms cause fever and abdominal pain. Other infective agents such as hepatitis B and C, Staphylococcus aureus and tuberculosis are also thought to be associated with peliosis, but were not identified in our patient.

Once the presence of peliosis has been established, it has been proposed that all necessary investigations be pursued to exclude its involvement in other organs and to establish a possible cause.

Our patient proved to have isolated splenic peliosis. Spontaneous rupture of the affected organ is a consistent risk.

REFERENCES