

EP11.23 Pelvic Splenosis Mimicking Gynaecological Malignancy in a Postmenopausal Woman with Renal Failure: A Diagnostic Challenge

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Background

Splenosis is heterotopic autotransplantation of splenic tissue after splenic trauma or splenectomy. Pelvic involvement is rare and can mimic gynaecological malignancy, especially in postmenopausal women.

Case Presentation

A 54-year-old postmenopausal woman (G3P0) presented with 2 months of pelvic pressure symptoms.

Symptoms: abdominal distension, back pain.
History: splenectomy after trauma (1984);
Comorbidities: chronic nephritis, hypertension.
Strong family history of malignancy. Heavy smoker.
Gynaecological exam unremarkable.

Investigations & Imaging

Labs: thrombocytosis (PLT 558×10⁹/L), leukocytosis (WBC 12.2×10⁹/L), impaired renal function (CREA 166 µmol/L, UREA 11.8 mmol/L).
Tumour markers: HE4 elevated at 445 pmol/L; CEA borderline (4.98 ng/mL), CA-125 and CA19-9 normal;
Transvaginal ultrasound: two solid, well-defined pelvic lesions (12 mm and 16 mm), homogeneous echogenicity, marked vascularity — colour score 4 (Figures 1–2). Contrast-enhanced CT was contraindicated by renal impairment; a prior non-contrast CT (2023) showed no interval change in lesion size.

Differential Diagnosis

Gynaecological malignancy, metastatic disease, endometriosis, lymphadenopathy and splenosis were considered, given the elevated HE4 level and marked lesion vascularity.

Diagnosis

Following multidisciplinary tumor-board discussion, ultrasound-guided transvaginal tru-cut biopsy (18G needle) was performed. Histopathology revealed lymphoid tissue with splenic architecture, confirming pelvic splenosis.

No malignant cells were found; surgery was avoided and the patient managed conservatively.

Conclusion

Pelvic splenosis should be included in the differential diagnosis of solid pelvic masses in patients with prior splenic trauma or splenectomy. Elevated tumour markers do not exclude benign disease, and impaired renal function can independently raise HE4. Image-guided biopsy avoided unnecessary radical surgery in this high-risk, renally impaired patient with a strong family history of malignancy.

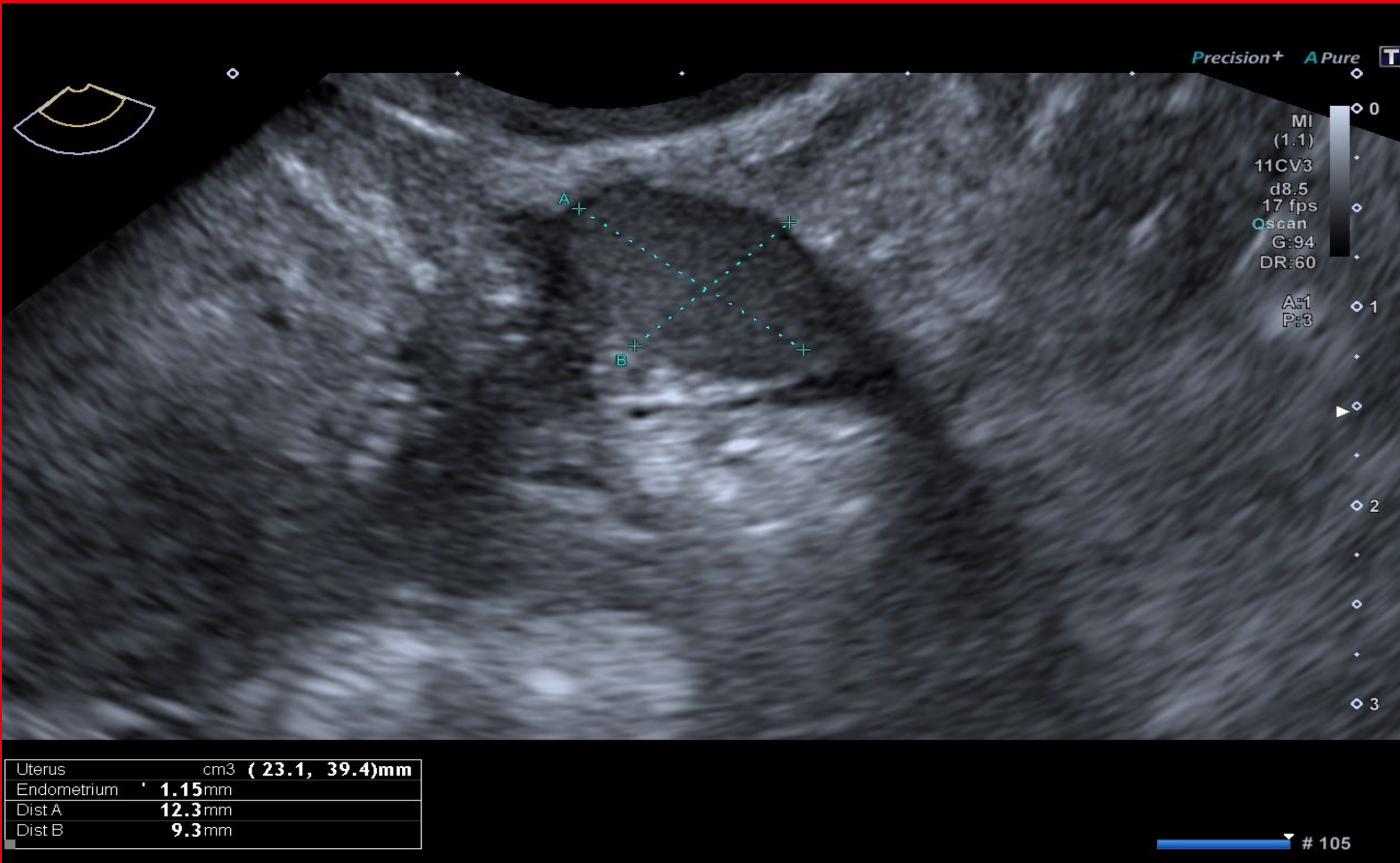


Figure 1. Transvaginal ultrasound showing a solid pelvic lesion adjacent to the left uterosacral ligament, with homogeneous echogenicity and smooth margins.

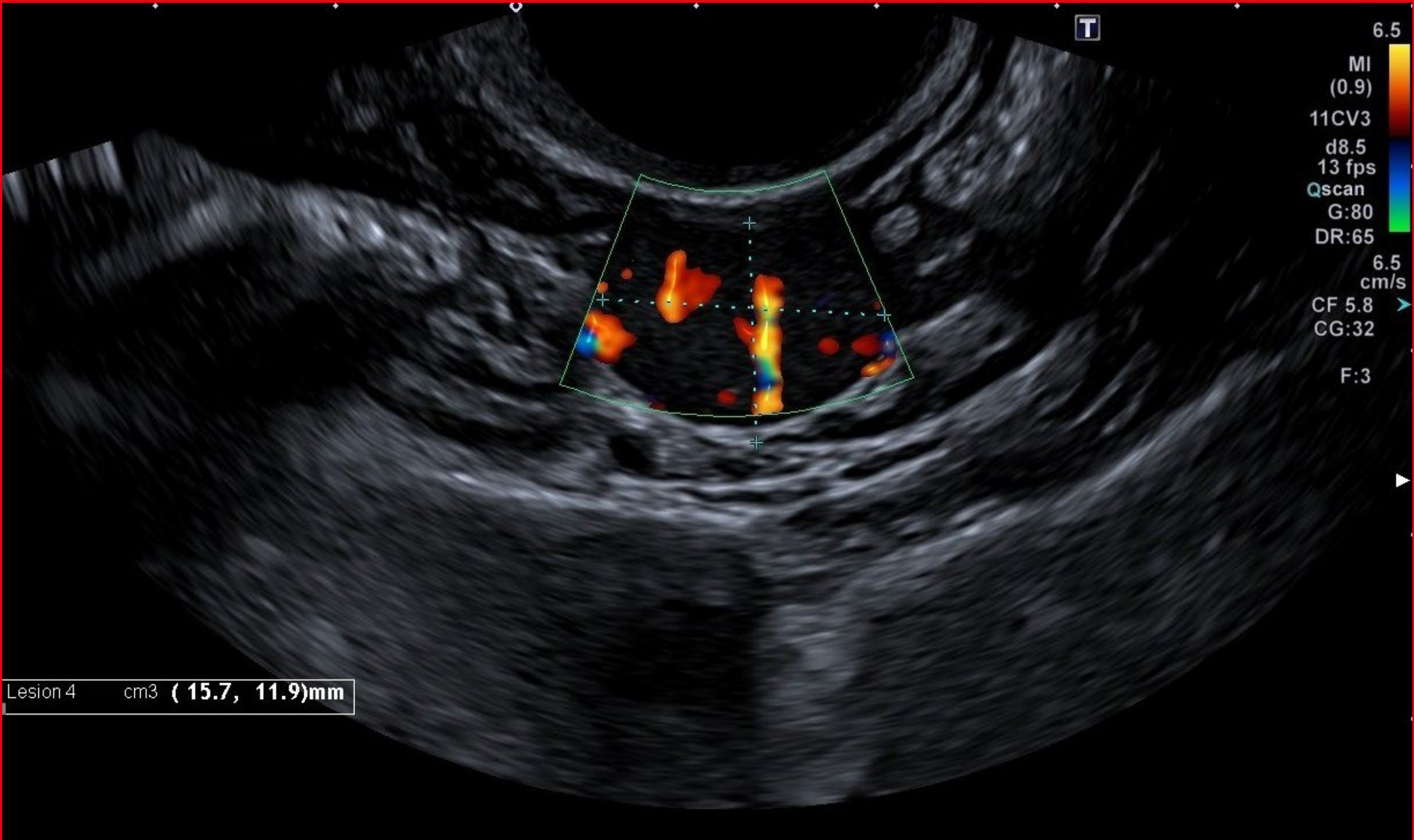


Figure 2. Colour Doppler transvaginal ultrasound showing marked intralesional vascularity (colour score 4), a feature raising suspicion for malignancy.

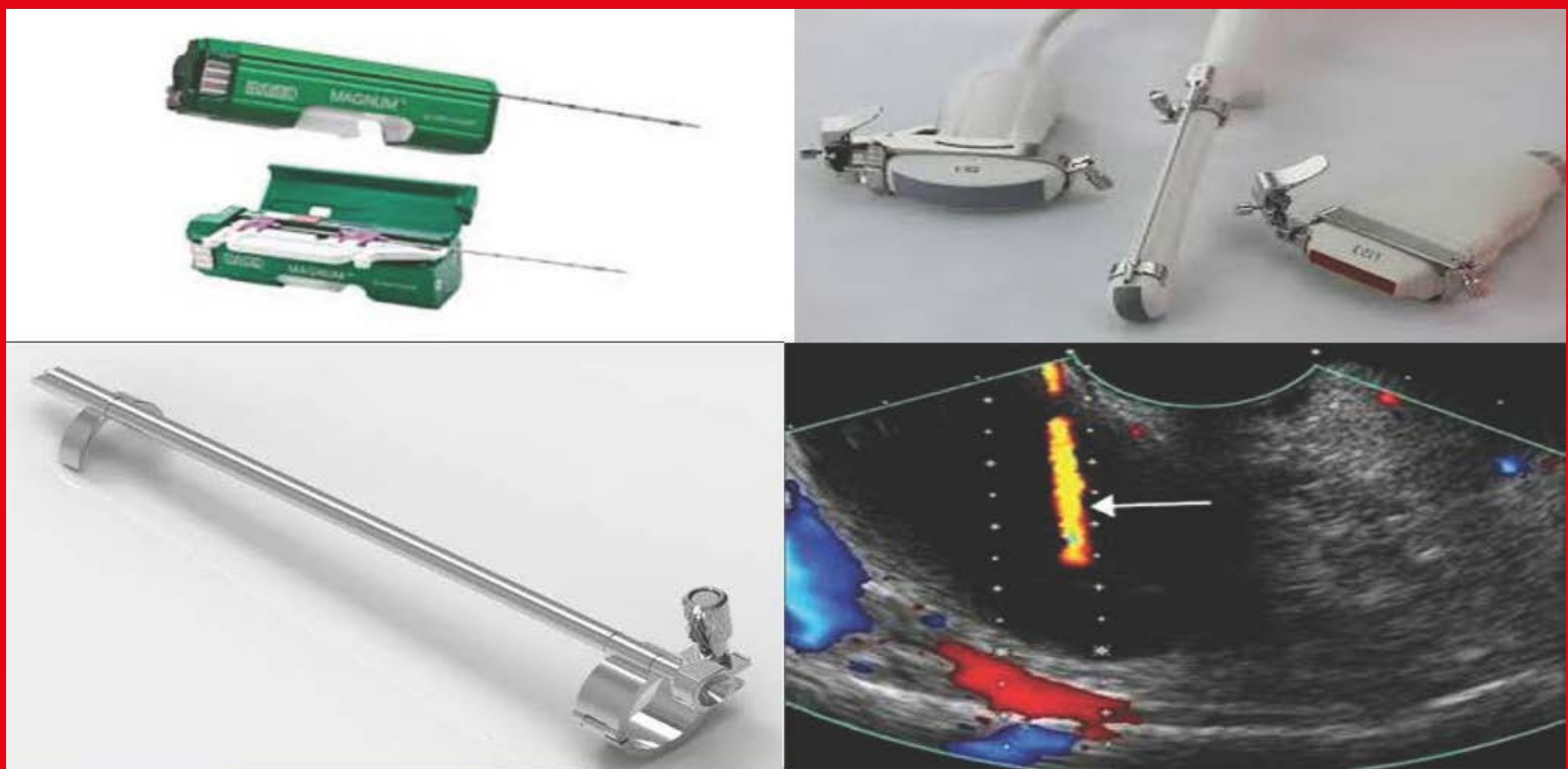


Figure 2. Pelvic Tumor Transvaginal Ultrasound Guided Tru-cut Biopsy