SCLEROSING ANGIOMATOID NODULAR TRANSFORMATION (SANT) PRESENTING AS RECURRENT SPLENIC CYST

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INTRODUCTION

Sclerosing angiomatoid nodular transformation (SANT) is a rare and poorly understood vascular lesion of the spleen described in 2004 and considered to be benign.

Preoperative diagnosis is challenging because it is clinically and radiologically similar to other entities such as hemangiomas, hamartomas, or even malignancies and diagnosis can only be proven histologically.

To date, there are only few hundred cases reported worldwide.

While there are no guidelines for the treatment of SANT, splenectomy is recommended due to the potential risk of spontaneous rupture of large vascular lesions and the inability to rule out a malignancy preoperatively.

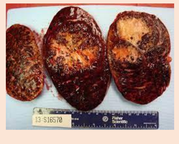


Image 1: Specimen with SANT

CASE

42-year-old female patient presented to clinic with several months of intermittent left upper quadrant abdominal pain and nausea. US and CT demonstrated a 10 cm hypodense splenic lesion with partial internal septations, suggestive of a complex cystic lesion. It was successfully drained percutaneously. Cytology was benign and culture was negative for infection.

Two years later she returned with similar symptoms. Repeat US showed interval enlargement of the splenic lesion to 15 cm. Labs were negative for infection. She received immunization against encapsulated bacterial pathogens and underwent laparoscopic splenectomy. Intraoperatively, a large fibrotic lesion was seen on the spleen and thick adhesions between the spleen and the left diaphragm were taken down. The diaphragm was reinforced primarily. Pathology was consistent with SANT.

A few weeks after surgery, she was found to have a new and symptomatic left diaphragmatic hernia, which was successfully repaired by laparotomy and primary closure of the defect, without any further issues.

PREOPERATIVE IMAGING

Image 2: Initial CT scan



Image 3: CT-guided aspiration



CONCLUSION

Our case demonstrates the diagnostic and surgical challenges associated with SANT. The reported cases in the literature support curative management with splenectomy and there are few details of postoperative complications associated with management of this pathology.

We believe that initial management with percutaneous drainage may have led to the recurrence and finding of thick capsular adherence to the diaphragm. This likely contributed to the difficult dissection of the lesion during laparoscopic splenectomy and development of diaphragmatic hernia.

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