

# NEOPLASMS

## NEOPLASMS

Haemangioma is the most common benign tumour of the spleen. It may rarely develop into a haemangiosarcoma. The spleen is rarely the site of metastatic disease. Lymphoma is the most common cause of neoplastic enlargement and splenectomy may play a part in its management. Splenectomy may be required to achieve a diagnosis in the absence of palpable lymph nodes or to relieve the symptoms of gross splenomegaly. However, the need for staging laparotomy or laparoscopy has largely receded with the advent of CT and guided biopsy. Its use has been restricted to those patients in whom a definite histological diagnosis of intra-abdominal disease will affect management. In the absence of obvious liver or intra-abdominal nodal disease, splenectomy is an integral part of the staging procedure to exclude splenic involvement, which would alter the method of treatment. Myelofibrosis results from an abnormal proliferation of mesenchymal elements in the bone marrow, spleen, liver and lymph nodes. Most patients present over the age of 50 years, and the spleen may produce pain owing to its gross enlargement (Figure 70.14) or to splenic infarcts. Splenectomy reduces the need for transfusion and may relieve the discomfort resulting from the splenomegaly.

Figure 70.14 Magnetic resonance imaging scan showing massive hepatosplenomegaly secondary to myelofibrosis. Note the prominent portal system and the left kidney, which is superimposed over the grossly enlarged spleen (arrowheads).

---

Revision #1

Created 2025-12-31 15:26:17 UTC by Omar Ayman

Updated 2025-12-31 15:26:17 UTC by Omar Ayman