

1

CT

가

CT

(1, 2).

(vascular pedicle)

(1 - 3).

가 (4 - 7).

1

CT

가

가

7 cm 가

(Fig. 2A - D).

CT

가

가

3.5 cm

(Fig. 1A),

가 (echogenic spot)가

(Fig.

8 cm 가

5

1B).

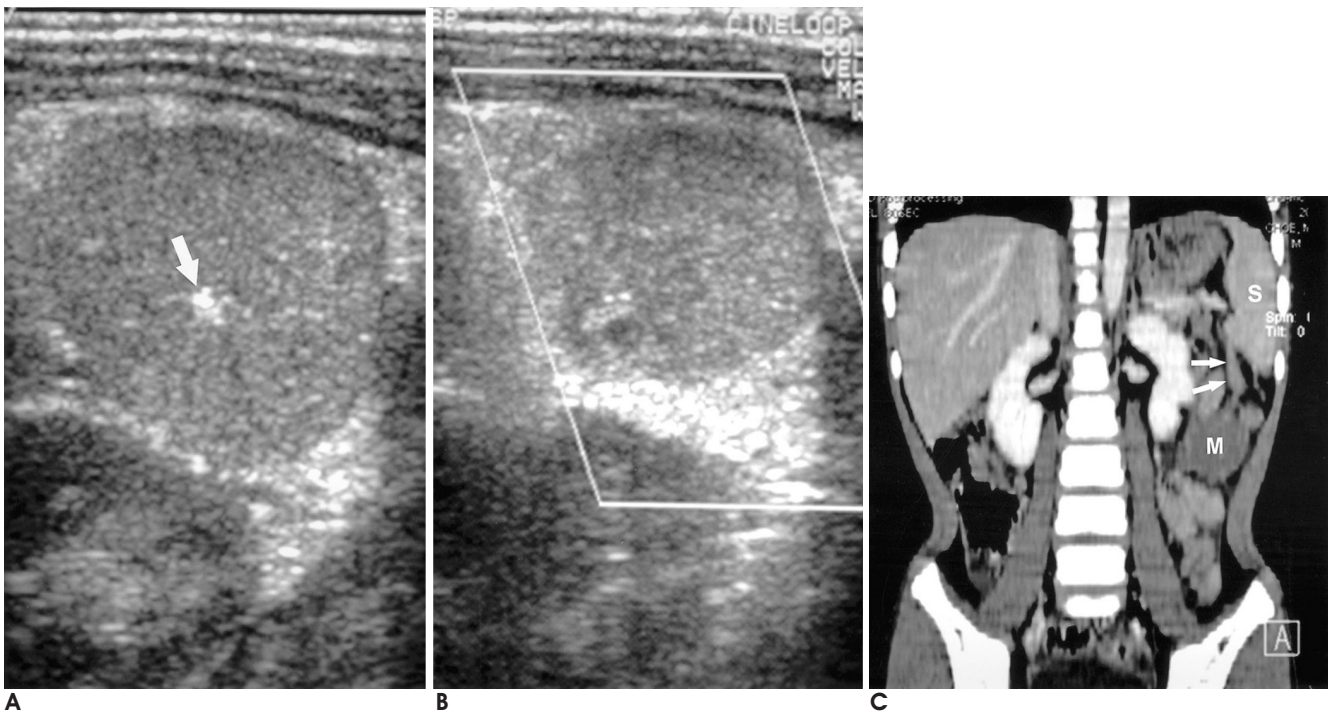
CT

가 (Fig.

1C).

(anlage)

mm cm (1). 가 , (1 - 3, 6).  
 10 - 33% 가 (2 - 4, 8, 9). 가 (1). 가 , (splenic hilum) (75%) (tail of the pancreas), (splenic vessels) , (splenic ligament) 가 . (mesonephros), (gonadal anlage) (wandering spleen) 가 (1 - 3, 9). 가 , CT (2, 3). (mesenteric) (omental) , (intestinal duplication), 가 (pancreatic pseudocyst) (abscess) (1, 2, 6, 9). MRI T1 (twisting) , T2

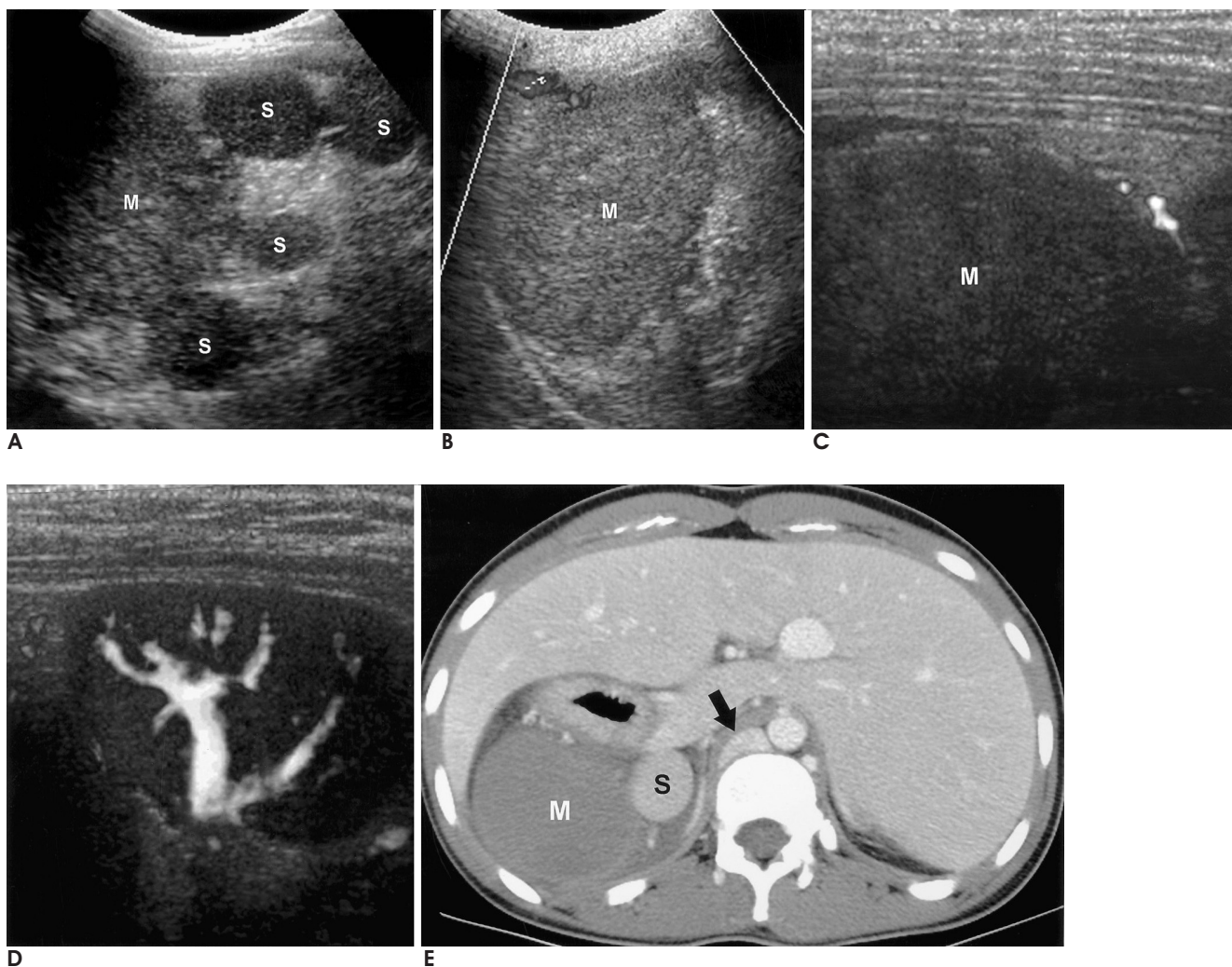


**Fig. 1.** A 5-year-old boy with infarction in the accessory spleen.

**A.** Abdomen US shows a well-defined, round, homogeneously hyperechoic solid mass with a central echogenic spot (arrow), which probably results from a thrombosed vessel.

**B.** Color Doppler US reveals no vascularity in the mass.

**C.** Contrast-enhanced abdomen CT image with coronal reformation demonstrates a round hypodense mass (M) with rim enhancement inferolateral to the left kidney. A long vascular pedicle arising from the splenic hilum to the mass (arrows) was suspicious but was not confirmed by surgery. Normal spleen (S) is noted in the normal position.



**Fig. 2.** A 14-year-old girl with splenic infarction in polysplenia syndrome.

**A.** Transverse abdomen US shows multiple and various spleens in the right upper quadrant of the abdomen. The largest splenule (M) among them is more hyperechoic than others (S).

**B, C.** Color and power Doppler US demonstrate no vascular flow within the largest splenules (M).

**D.** In contrast, one of other smaller splenules reveals normal splenic vessels on power Doppler US.

**E.** Contrast-enhanced abdomen CT shows a 7 cm-sized, round, hypodense lesion (M) posterior to the right-sided stomach. A normally enhancing splenule (S) is noted at the medial aspect of the lesion. The transverse liver and the prominent azygos vein (arrow) associated with the interrupted inferior vena cava are also identifiable.

(1).

(left isomerism)

(8, 9).

(dorsal mesogastrium)

(8).

, 1

, 1  
(4, 7).

(morbidity),

(10).

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## Unusual Infarction of the Accessory Spleen or Polysplenia in Two Children: Case Report<sup>1</sup>

Hong Seok Ko, M.D., Hyun Woo Goo, M.D., Chong Hyun Yoon, M.D.

<sup>1</sup>Department of Radiology, Asan Medical Center, University of Ulsan College of Medicine

The usual imaging findings of common splenic infarction are well known, while the findings for splenic infarctions in the accessory spleen or polysplenia are rare; these unusual imaging findings may make the diagnosis difficult. We report here on two patients who have complained of abdominal pain, and they were diagnosed as splenic infarction that developed in either the accessory spleen or as having polysplenia. We can diagnose splenic infarction that unusually develops in the accessory spleen or polysplenia when we identify a round, hyperechoic, avascular solid mass on US, or when we identify a round, rim-enhancing, hypodense solid mass with adjacent inflammatory changes and a small amount of ascites on CT that is adjacent to the normal spleen or in one of splenules of polysplenia in the clinical settings of acute abdominal pain.

**Index words :** Spleen, abnormalities  
Spleen, infarction  
Spleen, CT  
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Address reprint requests to : Hyun Woo Goo, M.D., Department of Radiology, Asan Medical Center  
388-1 Poongnap-dong, Songpa-gu, Seoul 138-736, Korea.  
Tel. 82-2-3010-4388 Fax. 82-2-476-4719 E-mail: hwgoo@amc.seoul.kr