

: CT 1 1

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11

. CT
가

cm × 6 cm 270 gm

(Fig. 4).

가

(1-3).

11 가 3

mm cm 10-30%
가 (1-3).
20%

가 (Fig. 1),
9 cm × 8 cm

가 (Fig. 2) CT
10 cm × 9 cm × 6 cm

가 가
5 cm × 3 cm × 2 cm
(Fig. 3A). CT

CT
(feeding vessels)

(Fig. 3B).

(Fig. 3B)

가 , , ,
가

, 4-5 cm

가 13 cm × 8



Fig. 1. The simple abdomen shows a relatively well-defined large soft tissue density mass lesion (arrows) at the left upper abdomen.

(3-4).

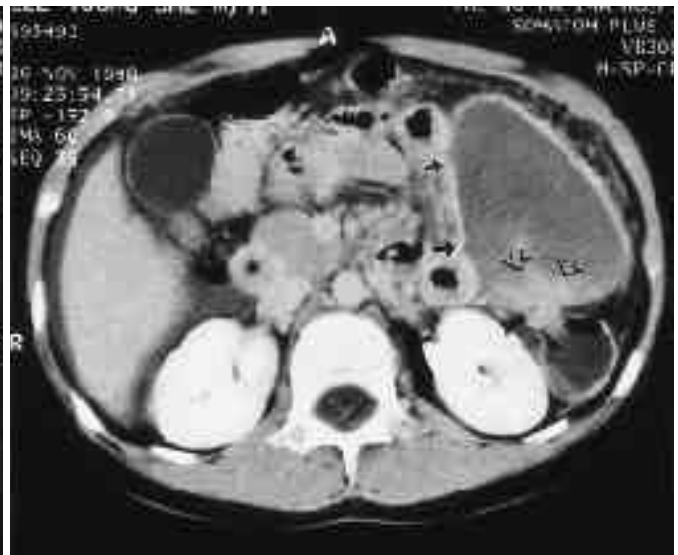
(4).

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Fig. 4. Photograph of resected specimen shows a well-defined mass measuring 13cm × 8cm × 6cm and 270 gm. The external surface is smooth and reddish brown. Vascular pedicle is noted (arrows).



B. Contrast-enhanced CT shows low-attenuating mass with a thick high-attenuating pseudocapsule (arrows) in the mesentery just anterior to the lower pole of the left kidney. Note long and mobile vascular pedicle arising from the splenic hilum in the posterior to the mass (arrowhead). Normally enhancing spleen is noted (open arrows).

MRI 가 (5).
Tc - 99m Sulfur colloid
(2-4) (afferent blood vessels)

(4).
CT

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J Korean Radiol Soc 2000;42:805-807

Torsion of the Accessory Spleen with Infarction : CT Features in a Case Report¹

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Torsion of the accessory spleen is a rare entity that can have variable clinical presentations. We report case involving an 11-year-old boy with severe abdominal pain and a mass that was found to be due to infarction of the accessory spleen, which was twisted on its pedicle. CT revealed a low-attenuating mass with peripheral inflammatory changes in the left upper abdomen. The mass was pathologically confirmed as torsion of the accessory spleen with infarction.

Index words : Spleen, abnormalities
Spleen, infarction
Spleen, CT

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4th Asian Pacific Congress of Cardiovascular & Interventional Radiology (APCCVIR)

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Deadline for written pre-registration	1 July 2000

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