Littoral cell angioma of the spleen: importance of immunohistological findings and review of the literature

Background

Littoral cell angioma (LCA) is a rare splenic lesion arising from the cells lining the venous sinuses of the red splenic pulp and shows the characteristics of combined endothelial and histiocytic differentiation. Several cases of ACL have been reported in the literature; However, immunohistological findings and association with malignant neoplasms have only been described in some cases.

Material and methods

We report the first case in Perù of LCA 62-year-old male patient.

Results

The patient was admitted with left upper abdominal pain, anemia, thrombocytopenia, hipoalbuminemia, hypoglobulinemia with a 22 cm hetrogeneous splenic lesion found on CT scan . Due to the uncertain nature of the lesión an exploratory laparotomy was performed, splenic tumor was classified as unresectable and initially diagnosed at anatomopathological examination as retroperitoneal sarcoma of round cells, for which he received 4 sessions of chemotherapy and 25 sessions of radiotherapy without favorable evolution. It was re-evaluated and reintervented surgically and splenectomy was performed. The histological and immunohistochemical profile were consistent with a littoral cell angioma. The patient presented a favorable course, without intercurrences, and currently presents an ECOG O.

Within the current literature, there are several cases describing patients with synchronous visceral malignancies and lymphomas. There are also rare cases showing malignant potential while most cases were discovered incidentally. A dysfunction in the immune system has been postulated as possible underlying pathogenesis and may explain its association with other cancers, auntoinmune diseases and inmunomoduatory treatment.

Conclusions

The LCA can initially be confused with a malignant neoplasm due to the form of presentation, but the importance of the immunohistochemical examination for the diagnosis and the subsequent management is evidenced.