Spleen of spleen is the most common benign tumors of the spleen but it is still rare disease. These tumors are asymptomatic found incidentally at autopsy or during evaluation of other disorders. They may be single, multiple, or involving the entire organ. Symptoms may be present when lesion increase in size sufficient to compress adjacent structures or grows large enough to rupture spontaneously. Treatment of choice is often splenectomy for symptomatic patients. Here we report a case of 39 year old male patient came with complaints of painful lump in left hypochondriac region since 2 months. He was investigated & diagnosed to have splenic hemangioma which was confirmed as splenic hemangioma with infarcts on histopathology.

**ABSTRACT**

On gross examination, spleen weighs 1200gm.17.5*13*8.5cms. External surface shows congestion and appears smooth. Fig 2

Cut Section shows well circumscribed, red brown mass 15*10cm occupying the whole spleen parenchyma with compressed thin peripheral normal spleen is seen.

Microscopically, markedly thickened capsule & normal splenic parenchyma along with a tumour mass composed of thick walled vascular channels. Tumour shows extensive areas of infarction. Fig 3

**DISCUSSION**

Hemangiomas are the most common benign primary neoplasms of the spleen. On ultrasound, they are hypo, iso or hyperechogenic mass with occasional calcifications or cysts depending on the size. On CT, no evidence of calcification was seen. Drainage of blood from the splenic bed was also normal.

**REFERENCES**

1. Hodge reported the first case of a splenic hemangioma (SH) treated successfully by surgical extirpation in 1895.

2. Sharp et al. reported the case of a splenic hemangioma presenting with infarcts on histopathology.

3. Lee et al. described a case of splenic hemangioma presenting with pain and a chronic lump in the abdomen.

4. Most of the patients are asymptomatic, rest of the patients presenting with pain and a chronic lump in the abdomen. Majority of the splenic hemangiomas remain small in size rarely reaching a large size. Small hemangiomas can be observed safely but large, symptomatic hemangiomas are treated by splenectomy.

5. A hematologic clue to the existence of splenic hemangioma may be discovered among 30-50 years age group. A gender or race predilection has not been reported. They may be single, multiple, or involving the entire organ. An asymptomatic abdominal mass is the presenting feature in 30-45% of cases. Splenomegaly, abdominal pain, dyspnea, dysphagia, diarrhea or constipation can be the presenting feature in 30-45% of cases. Splenomegaly, abdominal pain, dyspnea, dysphagia, diarrhea or constipation can be the presenting feature in 30-45% of cases.
they are homogenous, hypodense or multicystic and may contain calcifications with peripheral enhancement after intravenous contrast injection.

Splenic hemangiomas may be associated with hemangiomas at other sites (liver, mediastinum, bone) or with Kasabach-Merritt syndrome (anemia, thrombocytopenia and coagulopathy) [3]. Splenic hemangiomas may occur in patients with Klippel–Trenaunay–Weber syndrome [4]. Spontaneous rupture may be due to one or a combination (a) acute elevation of pressure within the spleen due to hemorrhage, acute congestion, Valsalva maneuver with straining and abdominal muscle spasm; (b) infarction that borders on the capsule; (c) pressure necrosis or disintegration of the splenic capsule from an enlarging hematoma; (d) undisclosed trauma, direct or indirect [2]. Though reported as benign, potential for angiosarcoma is known, especially when the spleen is big in size [5].

The predominant pathological features of these tumors are the formation of vascular channels of capillary and/or cavernous size; the loss of normal splenic architecture by compression; the absence of anaplasia, mitotic figures, or invasion of the capsule; and the appearance of areas of necrosis, fibrosis, or cystic formation [7]. Thrombosis and infarction can also occur because of the abnormalities in the vascular supply of the tumour. When completely organized it may even resemble a fibroma [8].

The treatment options ranges from regular follow-up to total splenectomy, depending on whether the tumour is symptomatic or asymptomatic and also on the size of the tumour. When the tumour is small and asymptomatic, only regular follow-up is needed. Other treatment options available are embolization & antiangiogenic treatment. Partial splenectomy can be done if the lesion is small and located at the poles of the spleen [9]. Out of the available treatments, the best results are achieved with splenectomy either by laparotomy or laparoscopy [10].

REFERENCES