

Littoral cell angioma of the spleen - a case report

Valluvan Manimozhi^{1*}, Ponneyinchelvi A S², O S Arthy³, P Viswanathan⁴, Rehana Tippoo⁵

^{1,2,3}PG Student, ⁴Professor and HOD, ⁵Professor, Department of Pathology, Rajah Muthiah Medical College, Annamalai University, Chidambaram, Tamil Nadu, INDIA.

Email: drvalluvan@gmail.com

Abstract

Littoral- cell angioma (LCA) is a rare vascular tumor of the spleen. Falk et al¹ described them as a distinct entity in 1991 after reviewing 200 cases of benign vascular tumors of the spleen. Littoral cell angiomas arise from the littoral cells lining the sinuses of the splenic red pulp. It is primarily not diagnosed clinically. Littoral cell angioma usually a pathological diagnosis and present as multiple lesions, and diagnosed when the patient doesn't fit to other differential diagnosis of a splenic tumors. A case of LCA, in a patient who presented with anaemia, which did not improve with splenectomy is being presented.

Keywords: littoral cell angioma, Spleen, Angioma.

*Address for Correspondence:

Dr. Valluvan Manimozhi, PG Student, Department of Pathology, Rajah Muthiah Medical College, Annamalai University, Chidambaram, Tamil Nadu, INDIA.

Email: drvalluvan@gmail.com

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INTRODUCTION

Littoral cell angiomas arise from the littoral cells lining the sinuses of the splenic red pulp. Two forms of LCA have been described; the more commonly encountered diffuse multiple nodular forms as in our case and the rare solitary form². In most patients, the diagnosis is made while evaluating for asymptomatic splenomegaly. LCA is apparently a benign tumor and splenectomy is curative, it can be seen associated with visceral malignancies. The tumor displays both epithelial and histiocytic properties based on their cell of origin, the splenic littoral cells¹.

CASE HISTORY

A 42 years old male, presented with symptoms of fatigue and found to be anaemic and evaluated for the same. Routine blood investigations showed low haemoglobin and mild thrombocytopenia. Peripheral smear showed microcytic hypo chromic pictures and no abnormal cells

were found. Since the patient was a barefoot walker and had symptoms of abdominal pain, motion for occult blood, ova, and cyst were done and found to be negative. An upper GI endoscopy and colonoscopy was done and was normal. The patient was subsequently started on iron supplements and after a period of 3 months, patient didn't showed any improvement. Since the patient again presented with vague abdominal discomfort, a computed tomography was advised, which revealed mild splenomegaly with a single hypo intense mass lesion and was suggested as a lymphoma. Later splenectomy was done and sent for Histopathological examination. The final report revealed to be Littoral cell angioma of spleen.

DISCUSSION

Primary tumors of the vascular system represent the most common tumors of the spleen besides malignancies of the lymphoid system. Literature showed association of malignancies in a case of littoral cell angiomas, ranging from colorectal adenocarcinomas, pancreatic adenocarcinoma, renal adenocarcinoma, hepatocellular carcinoma, and leiomyosarcoma to thyroid carcinoma and lymphoma. Macroscopically LCA appears as multiple spongy, grey brown cystic mass³. In our case it was a single ill-defined grey white mass. However some rare cases of LCA appearing as a single nodule had been documented in literature. In our case clinically refractory anaemia and mild thrombocytopenia was the only clue with all other investigations was found to be normal. Computed tomography revealed a single hypo dense

lesion and a possibility of lymphoma was sought. However no other investigations supports the provisional diagnosis. Splenectomy was done. The entire burden handed over to pathologist. With a provisional diagnosis of lymphoma, gross examination of the specimen was done, showed a single ill-defined grey white mass (Fig-1,

2 and 3) and successive microscopic evaluation revealed Littoral cell angioma in contrary. Hence this case is being documented in view of rarity and presentation as a single lesion. The final diagnosis of LCA in this case revealed the role of histopathology as well, as definite diagnosis can only be done with histopathology in case of LCA.



Figure 1:



Figure 2:



Figure 3:



Figure 4:

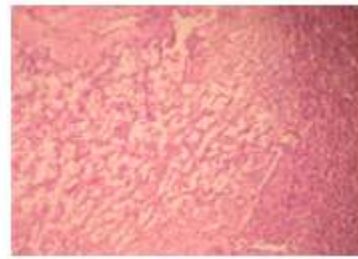


Figure 5:

Histologically anastomosing vascular channels with dilated vascular spaces are seen and the vascular channels are lined by plump cells (figure 4 and 5).

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