Primary Splenic Angiosarcoma

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A 77-year-old woman was admitted with general fatigue and a persistent low-grade fever. Blood examinations revealed leukocytosis, anemia, thrombocytopenia and liver dysfunction. The serum soluble interleukin-2 receptor (sIL-2R) level was 1,070 U/mL. Other tumor markers (CEA, CA19-9, AFP, PIVKA-II) were within the normal ranges. Abdominal CT (Picture 1) and MRI (Picture 2) demonstrated multiple liver nodules and an enlarged spleen that had been mostly replaced by the tumor. Meanwhile, contrast-enhanced CT showed a highly enhanced peripheral

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Picture 1.
area in the splenic tumor, suggesting a vascularity (1). No other tumors were detected on imaging studies, including PET-CT. Splenectomy was performed to establish the histological diagnosis and prevent splenic rupture. The spleen weighed 920 g and consisted primarily of necrotic and hemorrhagic tissue (Picture 3). Histology revealed spindle-shaped malignant cells forming vascular spaces. On the immunohistochemical examination, the tumor cells were found to be positive for factor VIII, CD31 and CD34 (Picture 4). Therefore, we diagnosed the patient with primary splenic angiosarcoma with liver metastasis (2). She ultimately died due to liver failure 38 days after admission. Although pri-
mary splenic angiosarcoma is rare, the possibility of this poor-prognosis disease should be kept in mind when assessing splenic tumors.

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References