Congenital Epithelial Splenic Cysts in Children
Emphasis on Sonographic Appearances and Some Unusual Features

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Abstract. The clinical, radiographic and sonographic features of four children with congenital epithelial splenic cysts are described. All four cases presented with a left upper quadrant mass and few symptoms. In one case the spleen descended into the pelvis in the upright position. In three cases the sonographic findings showed the mass to be completely sonolucent. In the fourth case the mass was echogenic and echoes were distributed homogeneously throughout the mass. These internal echoes were due to the presence of fat droplets within the cyst fluid. Internal echoes may also be due to hemorrhage into the cyst. In all four cases a rim of splenic tissue was visible around part of the cyst.

Key words: Spleen – Cysts – Ultrasound – Abdomen – Mass

Introduction

Between March 1979 and June 1980 four children with congenital epithelial splenic cysts were referred to The Hospital for Sick Children, Toronto. This is an uncommon lesion and does not occur in association with cysts of other organs [2, 5]. This paper emphasizes the sonographic findings in the four cases we have seen and describes some unusual clinical and radiographic features.

Case Reports

Case 1

A nine-and-a-half-year-old white girl was referred because of splenomegaly which had first been noted four years prior to admission when the child had had an episode of pneumonia. The spleno-
At operation the cyst was found to replace most of the spleen and this necessitated splenectomy. The cyst measured $10 \times 18$ cm and the wall of the cyst was lined by a single layer of flattened cells with focal areas of stratified squamous epithelium. The wall consisted of fibrous and granulation tissue with some areas of calcification and evidence of hemorrhage. The cyst contained a brown cheesy type of material. The appearances were that of a congenital epithelial cyst. Post-operatively the child has done well.

**Case 3**

A sixteen-year-old white female was referred because of the presence of a painless left-sided abdominal mass that had been present for one year prior to admission. Apart from being treated for grand mal seizures the remainder of the history was negative. Physical examination was unremarkable apart from the non-tender, smooth, left upper quadrant mass. In the upright position the mass de-