

### Splenic haemangioma associated with splenomegaly and raised erythrocyte sedimentation rate

Tumours of the spleen are rare and, except for malignant lymphoma, are seldom considered in the differential diagnosis of splenomegaly. The most common benign tumour of the spleen is the haemangioma which is usually an incidental finding and rarely of clinical importance.<sup>1</sup> We report a patient with splenic haemangioma, splenomegaly, and raised erythrocyte sedimentation rate (ESR). After removal of the spleen the ESR returned to normal.

An asymptomatic 28 year old man was referred for investigation of splenomegaly which was found on routine medical examination. His spleen was just palpable below the costal margin. He had no hepatomegaly or lymphadenopathy. Haemoglobin, white cell and platelet counts were normal, with mildly hypochromic microcytic red cells (serum iron 12  $\mu\text{mol/l}$ , total iron binding capacity 78  $\mu\text{mol/l}$ ; normal range 14–31 and 54–75  $\mu\text{mol/l}$ , respectively). The ESR was 74 mm/first hour. The clotting screen was normal. An ultrasound scan confirmed splenomegaly and showed an 8.5 cm diameter filling defect in the spleen. A computed tomographic scan showed a poorly defined soft tissue density. Bone marrow aspirate showed normal iron stores in the fragments with iron laden macrophages, but little or no incorporation in the sideroblasts. A bone marrow trephine biopsy specimen showed reactive hyperplasia but no evidence of lymphoma. The spleen was removed and the ESR returned to normal within two months.

The spleen weighed 500 g. Present at one pole was a sclerotic white mass with a maximum diameter of 7 cm surrounded by several small cystic areas. Histologically, the central portions of the lesion consisted of loose oedematous fibrous tissue with scattered mononuclear inflammatory cells and deposits of haemosiderin. Peripherally, the lesion contained nodules of varying size which were coalescing and sclerosing. Each nodule consisted of highly vascularised tissue surrounded by a fibrous wall. There was no evidence of lymphoma. The features were interpreted as multiple coalescing and regressive haemangiomas of the spleen.

Haemangioma of the spleen is usually asymptomatic. The commonest complication is spontaneous rupture of the spleen.<sup>2</sup> Large haemangiomas have been associated with anaemia, thrombocytopenia, and consumptive coagulopathy,<sup>3–5</sup> with removal of the spleen leading to resolution of the haematological abnormalities. In our patient the blood count and clotting were normal,

but he had a raised ESR. Histologically, the splenic lesions showed areas of haemorrhage and fibrosis, with low grade inflammatory changes, contributing to the raised ESR. The blood picture of hypochromic microcytic red cells was most likely due to redistribution of iron from red cells to macrophages—that is, an anaemia of chronic disorder.

The diagnosis of splenic haemangioma was suggested by abdominal ultrasonography. Because biopsy would be dangerous in this context, the removal of the spleen was necessary to establish the diagnosis.

Although splenic haemangioma is rare, our case illustrates that splenomegaly and a raised ESR may not necessarily be due to a malignant lymphoma.

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### References

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- 3 Benjamin BI, Mohler DN, Sandusky WR. Haemangioma of the spleen. *Arch Int Med* 1965;115:280–4.
- 4 Case records of the Massachusetts General Hospital. Weekly clinico-pathological exercises. Case 48–1985. A 65 year old man with peripheral vascular disease and hypersplenism. *N Engl J Med* 1985;313:1405–12.
- 5 Radhi JM, Wallis JP, Mansy H. Haemolytic anaemia associated with splenic haemangiomas. *Postgrad Med J* 1988; 64:152–4.

## Book reviews

**Renal Disease: Classification and Atlas of Infectious and Tropical Diseases.** J Churg, R Sinniah, LH Sobin. (Pp 272; £85.) Prepared by the World Health Organization Collaborating Centre for the Histological Classification of Renal Diseases. Raven Press. 1988. ISBN 0-89189-258-3.

This atlas is a curate's egg, typical of the increasing number of pathological atlases being published. I do not know who is meant to buy it (expensive at £85), or read it. The

most obvious user would be someone in a hurry to give a general lecture on renal disease caused by infections—a somewhat artificial topic. The preface indicates that criteria for diagnosis are needed for comparative geographical studies of renal disease; but a pathologist with a puzzling biopsy specimen from a renal patient would not discern the diagnosis from this text.

Following a chapter on immune mechanisms in nephritis, the layout is mainly by aetiology. Protozoa, worms, viruses, bacteria, fungi, and venomous animals all cause various types of nephritis. Grouped textual descriptions are followed by colour illustrations of life cycles, epidemiology, macroscopic and microscopic pathology. Most of the latter are good, though they include 17 similar pictures of interstitial nephritis.

The editing is poor (try the sections on "Chyluria" and "bee stings"), and there are numerous inaccuracies ("HIV-3" hasn't been described yet; labrea hepatitis is not of unknown aetiology, it is caused by delta hepatitis virus). Discussion of a central aspect of tropical renal disease—glomerulonephritis and its causation—is fudged.

I really think the WHO could have done better in preparing this supposedly authoritative text.

**Year Book of Infectious Diseases 1989.** Ed SM Wolff. (Pp 261; £31.50.) Wolfe Medical Publications. 1989. ISBN 0-8151-9379-3.

Those who do not know this series should be aware of the format of the book. It is not a collection of specially written reviews dealing with recent advances in infectious diseases but a collection of abstracts of articles from 50 different journals almost all published in 1987. In most cases the summary of the article is followed by a critique written by one of the editors and some of these annotations are both informative and amusing.

The book has no theme and when it is realised that almost 200 articles have been abstracted the diversity of topics covered will come as no surprise. Subjects that receive attention vary from the predictable—a section devoted to HIV infections, to the surprising—diminished neutrophil function in tobacco smokers; dermatitis due to hospital-acquired pigeon mite infestation.

The book is not designed for systematic reading and I do not think that many people will want to buy it. But if it finds its way on to the shelves of a convenient library take it home and dip into it. You will learn some-