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.1 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 μmol/l, total iron binding capacity 78 μmol/l; normal range 14–31 and 54–75 μmol/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 haemangiomatous of the spleen.

Haemangioma of the spleen is usually asymptomatic. The commonest complication is spontaneous rupture of the spleen.2 Large haemangiomas have been associated with anaemia, thrombocytopenia, and consumptive coagulopathy,3,4 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

Book reviews


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 the 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 venemous 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.

SB Lucas


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 received 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 onto the shelves of a convenient library take it home and dip into it. You will learn some
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new and interesting facts; for example, bis-muth tablets taken when on holiday abroad should protect against the ravages of travellers' diarrhoea.

**J SLEIGH**


The first chapter is an excellent general introduction to fine needle aspiration, discussing the increase and therefore importance of fine needle aspiration with details of technique in fixing and staining; the prerequisites for successful needle aspiration and quality of aspirations. This first section would be very worth while reading for any clinician about to embark on fine needle aspirations. The remaining sections in this chapter are essentially for the pathologist and give helpful advice on cell morphology and cytological patterns. Chapter 2 is a useful chapter on the various imaging and localisation techniques.

Retroperitoneal lesions have been neglected in most text books of cytopathology. With the advent of fine needle aspiration under computed tomographic scan and ultrasound control, it is important that cytologists should know about them and the next four chapters—retroperitoneum, stomach and intestine, kidney and urinary tract, and adrenals—are excellent, describing briefly the embryology and anatomy with first class photographs. Diagrams and tables showing, for example, the differences between non-hodgkin's lymphoma and lymphoid hyperplasia are clearly laid out and will be very helpful both to the student cytopathologist and those with more experience.

The final chapter is on immunostaining and electron microscopy. Both subjects are concisely written with sufficient information to be most useful. There is a paragraph on most of the common markers in use, and also one on the precautions and pitfalls of immunocytochemistry. In several of these chapters the authors draw attention to the team approach. This, of course, is a prerequisite to successful fine needle aspiration and it cannot be emphasised too often or too strongly that there must be close liaison with the clinician.

I can recommend this book not only to all cytopathologists, but all clinicians and radiologists with an interest in fine needle aspirations should be encouraged to read it.

**O MARIGOLD CURLING**


This is a fascinating book. Dr Burne has dredged the archives of Dartford's hospitals, polished his finds, and produced this pearl of medical and social history. He tells the story of the hospital ships moored on the Thames, where London's smallpox patients were nursed in isolation. The onshore hospitals are also described.

The text is scholarly and entertaining, a rare combination. Illustrations of Victorian and Edwardian photographs evoke a lost world of matrons and medical superintendents, shipmasters, and hospital stewards. Quotations from their letters and reports give us glimpses of their personalities. What strength of character they had!

Smallpox was endemic in Britain for centuries. Simply nursing the victims at Dartford was an industry in itself. This book is a valuable addition to the history of smallpox; it certainly shows what can be achieved by the study of local records. The eradication of this terrible disease is the great unsung triumph of modern times.

**DA STOCKS**


This is a good book, bursting with information. The range of infections covered is wide although a little erudite. For example, there is a mass of information on DNA probes for *Leptospira* sp (unfortunately spelt incorrectly in the chapter title) and relatively little on the use of monoclonal antibodies in streptococcal disease. Some topics, such as the identification of *Brucella* spp, detection of *Treponema pallidum*, and identification of *Mycobacteria* are not "hot" topics for most laboratories in the UK. Other subjects such as the diagnosis of gonorrhoea, chlamydial infection, and enteric infections thoroughly deserve the space they attract.

The basic techniques are very well explained and will save the reader much anguish with original papers and "mainstream" reviews. There will be, as the book makes clear, a steady penetration of these techniques into microbiology laboratories, but at this time the book is of real value to reference and research departments. Other laboratories might be well advised to await the second edition.

**D PARRATT**


This is a third edition of a multiauthor text from North America. The authors adopt a thoroughly multidisciplinary approach to haemophilia care, with contributions from dentistry, surgery, neurosurgery, orthopaedics, radiology, psychiatry, psychology, nursing, and physiotherapy. Most sections are written in such a way as to be accessible to all, and the book is clearly intended to be used by all members of the health care team.

Some chapters are more successful than others. Excellent sections on dental management, neurological problems, genetics, HIV, haemophilic liver disease, and the psychological aspects of haemophilia care contrast with an extremely disappointing 14-page chapter on the musculoskeletal complications of haemophilia. This section does not adequately reflect the importance of haemophilic arthropathy, dismissing the management of advanced arthropathy of the knee in less than a page, for example, and containing only two illustrations.

By comparison, no fewer than four chapters and 75 pages are devoted to counselling and the various psychological problems associated with haemophilia. They describe many familiar behavioural problems and anxieties in patients and their families. The authors of these sections are all psychiatrists, and so it is perhaps not surprising that they suggest that the psychological problems of haemophilia are best resolved by psychiatric referral for counselling and "therapy".

Newly identified carriers are automatically referred to a psychiatrist by one author. We are told in another section that "on a typical day at the Hemophilia Center of Central Pennsylvania, members of the psychosocial team [psychiatrists and psychologists] circulate among haemophilic children and adults and their families. In this way patients are helped to feel comfortable with the presence of psychosocial personnel."

This central involvement of psychiatrists in haemophilia management will strike many European readers as inappropriate. Although psychiatrists have much to offer the mentally ill, their role in the management of patients whose anxiety is caused by adverse