Accessory spleens are found in approximately 10% of the general population, of which 16% are intrapancreatic [1]. A previously healthy 49-year-old patient was referred to our tertiary center for further evaluation of a pancreatic mass. She had initially presented to another hospital with nonspecific abdominal pain. An abdominal computed tomography (CT) scan had revealed a solid mass in the tail of the pancreas. Endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) was suggestive of a pancreatic neuroendocrine tumor (PNET).

At our institution, the patient had a normal physical examination with no lymphadenopathy, organomegaly, or a palpable abdominal mass. The patient was referred for EUS-guided tattooing to guide laparoscopic distal pancreatectomy. The EUS revealed a hypoechoic, 2.3-cm mass in the tail of the pancreas. The mass was round and homogeneous, with well-demarcated and sharp borders, and a small cystic component (Fig. 1).

EUS-elastography showed inhomogeneous hardness as compared with the surrounding tissue (Fig. 2). EUS-guided tattooing was carried out by injecting 2.5 mL of sterile, purified carbon particle just proximal to the lesion as the needle was withdrawn to the surface of the pancreas (Fig. 3).

The patient subsequently underwent laparoscopic spleen-preserving distal pancreatectomy without complications. The tattoo was readily identified and demarcated a precise line of resection. Pathologic examination of the surgical specimen demonstrated a cystic mass within the pancreas. The mass had a well-defined capsule within which was splenic parenchyma and a small cyst lined by a layer of benign squamous epithelium. Pathologic diagnosis was consistent with an epidermoid cyst in an intrapancreatic accessory spleen (IPAS) (Fig. 4).

None of the 16 reported IPAS cases were diagnosed preoperatively as they are known to be difficult to clinically distinguish from other tumors. The value of EUS-FNA for their diagnosis needs further study. FNA was not done in the current case because the lesion was presumed to be another type of tumor.
A rare epidermoid cyst in a patient with an accessory spleen in the tail of the pancreas. The cyst demonstrates inhomogeneous hardness on EUS elastography.

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References
1 Halpert B, Alden ZA. Accessory spleens in or at the tail of the pancreas. A survey of 2 700 additional necropsies. Arch Pathol 1964; 77: 652 – 654

Bibliography
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