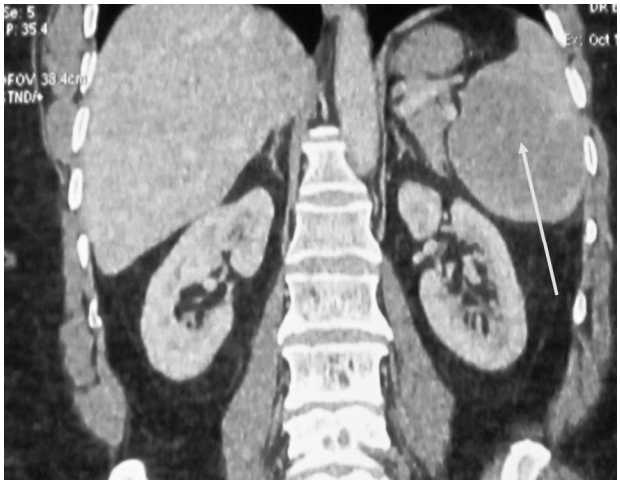
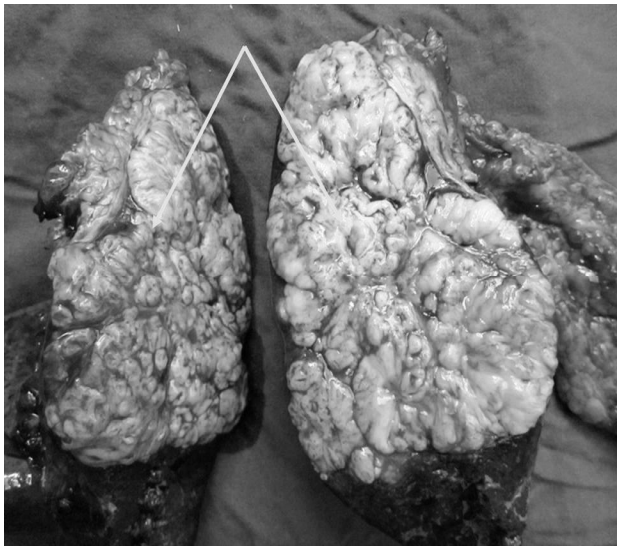
detected. Laboratory data revealed normal white blood cell count, hemoglobin and platelet count. An ultrasonography of the abdomen revealed an oval hypoechoic mass lesion in the spleen, measuring 9 cm in diameter. A computed tomographic (CT) scan of the abdomen (figure 1) confirmed the presence of a 9 cm oval hypodense and heterogeneous splenic lesion.

Figure 1 : Abdominal computed tomography showing an heterogeneous and hypodense splenic tumor of 9 cm (Arrow)



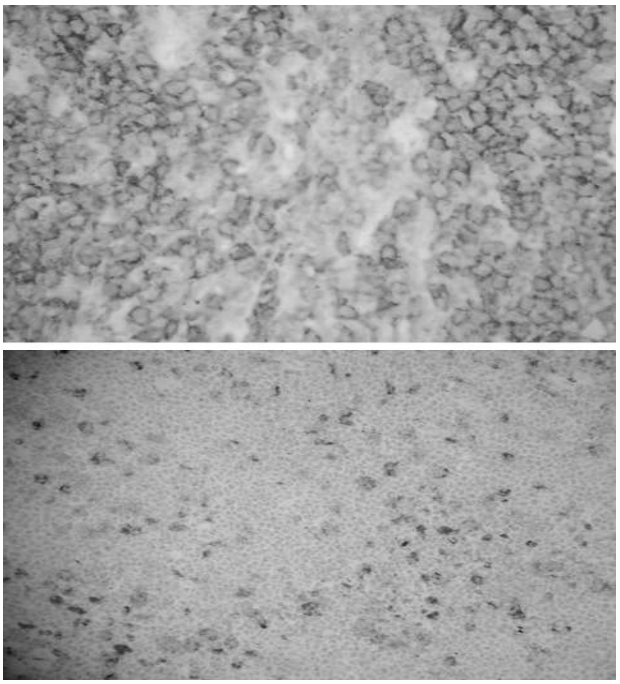
On the basis of these findings, the diagnosis of primary sarcoma of the spleen was suspected. Neither locoregional nor distant metastatic invasions were detected. We operated on here by a left sub costal laparotomy. Intraoperative ultrasonography results were negative for focal liver lesions. She underwent total splenectomy. Gross examination (figure 2) showed a pale tan tumor measuring 9 cm.

Figure 2 : Gross examination of the resected spleen showing a solid mass of 9 cm (Arrow)



Postoperative course was uneventful and the patient was discharged the fifth postoperative day. Histological examination (figure 3) showed a monomorphic population of large lymphoid cells. The neoplastic cells were positive for CD20 confirming a diagnosis of large B-cell lymphoma associated with some cells which were positive for CD68. Cavum and a bone marrow biopsies were done without any anomalies confirming a diagnosis of primary splenic lymphoma. Neither adjuvant chemotherapy nor radiotherapy were conducted. Following 8 months, the patient is currently well without any signs of recurrence.

Figure 3 : Immunohistopathologic findings
Above: Immunohistochemical staining with CD20 anti-body: Tumor cells were positive for CD20 confirming a splenic large B-cell lymphoma
Below: Immunohistochemical staining with CD68 anti-body: There were some inflammatory cells positive for CD68: immunoblast



Conclusion

Primary lymphoma of the spleen is a rare clinical entity with ambiguous definition. His frequency varies depending on the definition criteria. There is no consensus concerning the best treatment for PSL and further study is needed to compare the outcomes among the different therapeutic modalities. Splenectomy is considered the most effective therapy for patients with PSL, with a double objective: a diagnostic one and a therapeutic one. Adjuvant therapy such systemic chemotherapy or local radiotherapy may also play an important role, however, we have to establish a precise diagnosis of lymphoma.