

SPLENIC ANGIOSARCOMA WITH HEPATIC METASTASES: A RARE CAUSE OF HEPATIC FAILURE

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Poster

Hepatobiliary

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A 75-year-old woman with fatigue and weight loss died from metastatic splenic angiosarcoma after a 7-month diagnostic delay during which liver and spleen lesions were incorrectly labelled as benign haemangiomata.

KEY POINTS

- Initial CT and MRI imaging showed multiple liver and spleen nodules interpreted as benign haemangiomata, but retrospective review revealed the lesions were already increasing in number.
- The patient developed bone lesions, progressive hepatic failure, and was ultimately diagnosed with metastatic splenic angiosarcoma by liver biopsy showing sinusoidal growth with atypical endothelial cells and CD34-negative, CD8-positive immunohistochemistry.
- Splenic angiosarcoma is rare (annual incidence 0.2 per million) with high metastatic risk (69-100%), median overall survival of 5-6 months, and only splenectomy in early stages improves survival.
- Radiographic differentiation between benign haemangioma and malignant angiosarcoma is often difficult or impossible with CT and MRI, and FDG-PET CT can aid differentiation.
- The authors conclude that rapidly evolving liver and spleen lesions should prompt concern and histopathological investigation rather than imaging-based reassurance alone.

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