SPLEEN CYSTS AND CYSTIC LESIONS: DIFFERENTIAL RADIOLOGY DIAGNOSIS

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Background: on the basis of the analysis of a significant number of spleen cysts and cystic lesions (C&CL), to assess the possibility of differential radiology diagnosis of individual morphological forms.

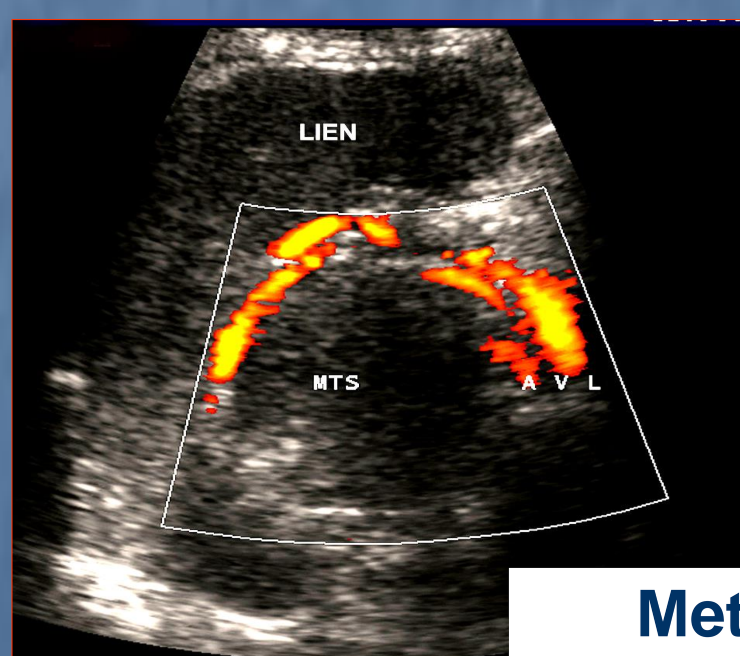
Materials and methods. In A.V. Vishnevsky NMRC of Surgery **289 patients with C&CL** from 15 to 77 years old (women prevailed (68,2%) were examined and treated (1998-2019). All patients underwent ultrasound, MSCT and/or MRI were performed depending on the difficulties of differential diagnosis. Most of the patients underwent surgery - (82,0%), uncomplicated spleen cyst of insignificant size performed dynamic observation (verification by puncture biopsy).

Results. Morphological verification of C&CL (generally accepted differential diagnosis of "true" and "false" cysts based on histological detection of the epithelial lining is not always possible, because if they exist for a long time, the cell lining of the cyst may atrophy under the pressure of the contents or, when the inflammatory process is attached, it can be shed during the operation or during puncture and evacuation of contents) - 151; true cyst - 23; mesothelial cyst - 4; dermoid cyst - 3; pseudocyst - 16; pancreatogenic - 33; echinococcus - 21; lymphangioma - 24; lymphoma - 9; ovarian cancer metastasis - 2. When analyzing data from radiology research methods, differential diagnostics comes to the forefront according to MSCT data. The evaluation was carried out according to two parameters: lesions' capsule and the nature of the liquid contents (table).

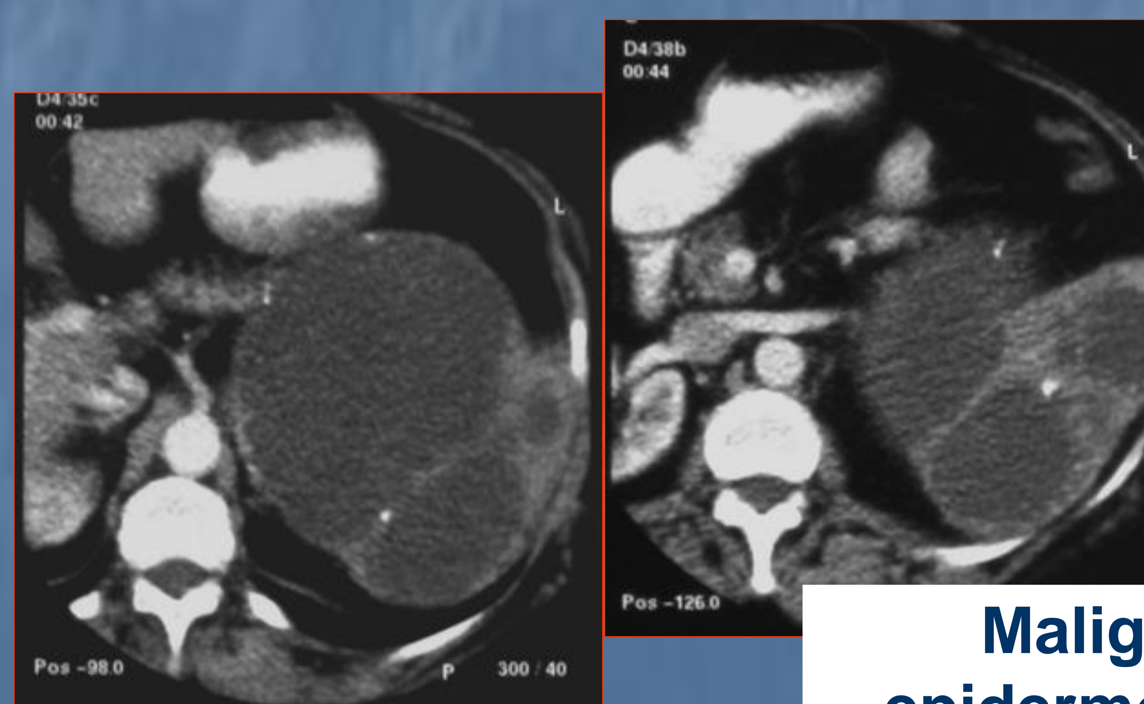
Table

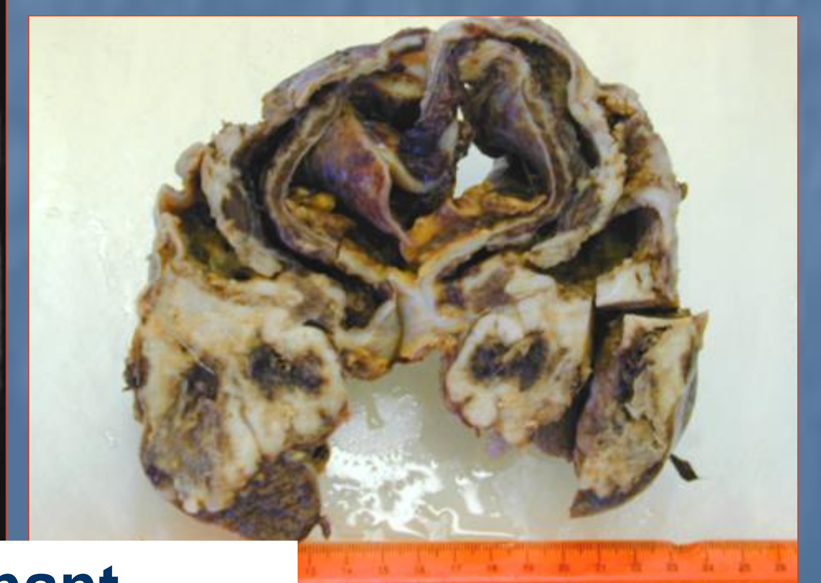
Comparison data obtained

Nosology	Liquid component (native phase)	Lesions' capsule
Cyst	0 - +15	thin-walled, doesn't accumulate contrast medium (CM)
True cyst	+15	thin-walled, doesn't accumulate CM
Mesothelial cyst	+35 - +60	thin-walled, doesn't accumulate CM
Dermoid cyst	-10 - +40	capsule is expressed unevenly, can be very dense, with calcium, doesn't accumulate CM
The malignant dermoid cyst	-10 - +40	capsule is expressed unevenly, can be very dense, with calcium, accumulates CM in the arterial and venous phase
Pseudocyst	+10 - 40	thick dense capsule, calcium inclusions are possible, doesn't accumulate CM
Pancreatogenic	+10 - +50	capsule is uneven, calcium inclusions are possible, doesn't accumulate CM
Echinococcus	+25	bypass capsule, doesn't accumulate CM
Cystic lymphangioma	+25 - +45	thin-walled, doesn't accumulate CM
Lymphoma	+15 - +40	true capsule missing
Ovarian cancer metastasis	0 - +15	unevenly expressed capsule, accumulates CM in the arterial and venous phase



Metastasises of ovaries cancer





Malignant epidermoid cyst

Malignant tumors were revealed in 3 cases: malignant epidermoid cyst - 1; ovarian cancer metastasis - 2.

Conclusion.

- ✓ primary and parasitic spleen cysts are well differentiated according to radiology;
- ✓ false spleen cysts, depending on the cause of their occurrence, can create difficulties in their identification and differentiation;
- ✓ cystic tumors of the spleen should be differentiated with malignant lesions and metastases with cystic structure, when they are detected, there should always be a similar alertness.