



CAREGIVER RESOURCE

ABOUT THE DISEASE

A splenic mass is a localized enlargement in the spleen, which maintains/matures RBCs, forms fetal blood cells, and supports immunity. Approximately ~2/3 of masses are malignant cancer; ~2/3 of those are aggressive hemangiosarcoma. Growing masses risk fatal rupture/bleeding.

Types:

- Metastatic neoplasia (most common: hemangiosarcoma; surgery alone: 2-4 wk median survival; +chemo: ~6 mo)
- Hematoma (clotted blood swelling)
- Benign tumors (e.g., hemangioma, hamartoma)
- Infarctions (blood vessel obstruction)
- Nodular hyperplasia (benign overgrowth, often incidental)
- Abscesses (rare infection)

Signs (vary by cause/size): Lethargy, anorexia, weight loss, abdominal distension, pale gums, internal hemorrhage, collapse, death.

OBTAINING A DIAGNOSIS

Thorough clinical history & physical exam guide presumptive splenic mass diagnosis.

Diagnostics:

- **Non-invasive:** Ultrasound (preferred; detects masses & abdominal fluid/blood from rupture)
- **Invasive:** Fine-needle aspirate (FNA) or surgical biopsy

TREATMENT

Treatment for splenic masses is dictated by exam/diagnostic findings. Due to rupture/bleed risk, splenectomy is typically advised before it happens.

In life-threatening hemorrhage, blood transfusions, and emergency surgery are required—surgical risks increase, with longer hospitalization post-operatively.

TIPS FOR SUCCESS

- Seek early examination for a patient exhibiting abdominal swelling, and collapse.
- Early diagnosis is critical, especially in cases of malignant neoplasms.