



## Integrated Imaging 02

In today's day and age, in complex situations, a combination of multiple modalities is often needed to arrive at a diagnosis. While this may seem excessive at times, in situations where the answer is not obvious, it is better to do everything possible to arrive at a definitive diagnosis, rather than to beat around the bush with empirical treatment.

This 43-years old man from a troubled African country came for a CT guided biopsy of a left thoracic nodule. He had been to Jordan and China with negative biopsies and to Thailand where he had been advised a video assisted thoracoscopic (VATS) biopsy, which he refused. He had no other papers and no images.

We first did a CT scan, which showed multiple pleural / extra-pleural masses (Fig. 1). The diagnosis was indeterminate, and the differential included neurogenic tumors. Imaging also showed an absent spleen (Fig. 2), with a diaphragmatic defect likely due to a repair. He had a history of a gunshot wound to the abdomen 20 odd years back with a shattered spleen that had been removed.

We went ahead with the biopsy (Fig. 3). The lesion was soft and friable and only "bloody" material was obtained. The patient then underwent a Tc Sulphur colloid scan (Fig. 4) that showed uptake similar to the liver in the thoracic nodules, confirming that this was splenic tissue. The histopathology report (Fig. 5) two days later confirmed thoracic splenosis.

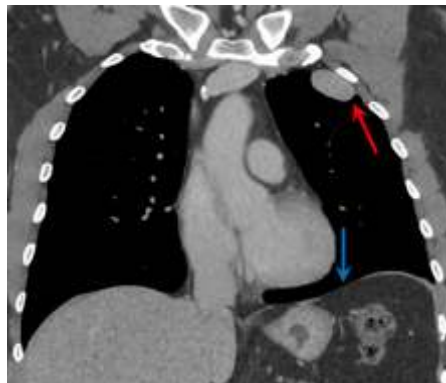
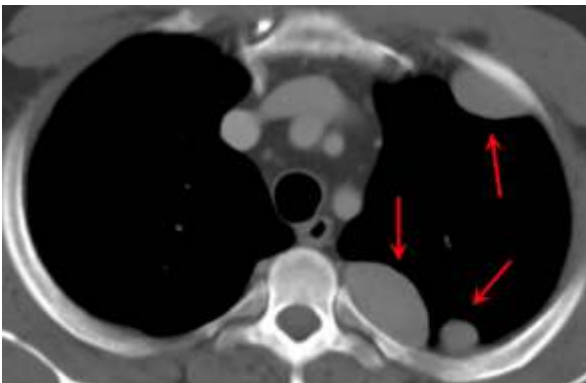


Fig. 1: Axial contrast enhanced CT scan shows multiple left pleural / extra-pleural masses (red arrows).

Fig. 2: Coronal contrast enhanced CT scan shows one of the left pleural / extra-pleural nodules (red arrow) with a central diaphragmatic defect (blue arrow) and an absent spleen.

Fig 3: CT guided biopsy of the one of the left thoracic nodules (red arrow points to the biopsy gun tip).



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### At a glance:

- Complex situations today need the use of multiple modalities to try and arrive at a diagnosis

- Integrated imaging using different modalities sensibly and with specific reasoning helps the diagnostic and management process tremendously.

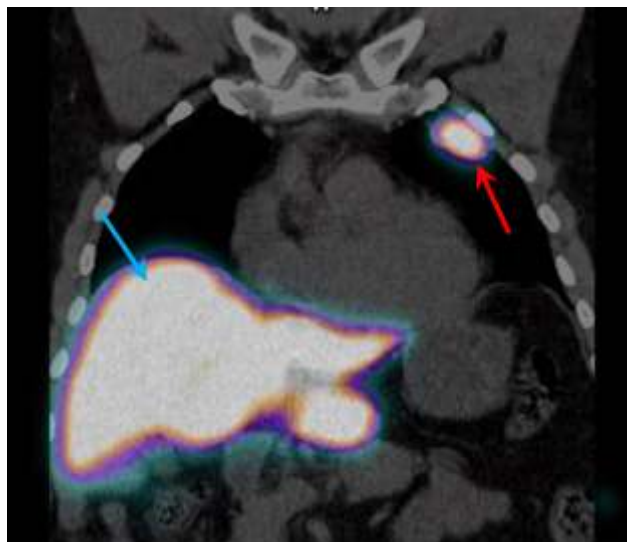


Fig. 4: Tc Sulphur colloid scan shows uptake in one of the left thoracic nodules (red arrow), similar to that of the liver (blue arrow).

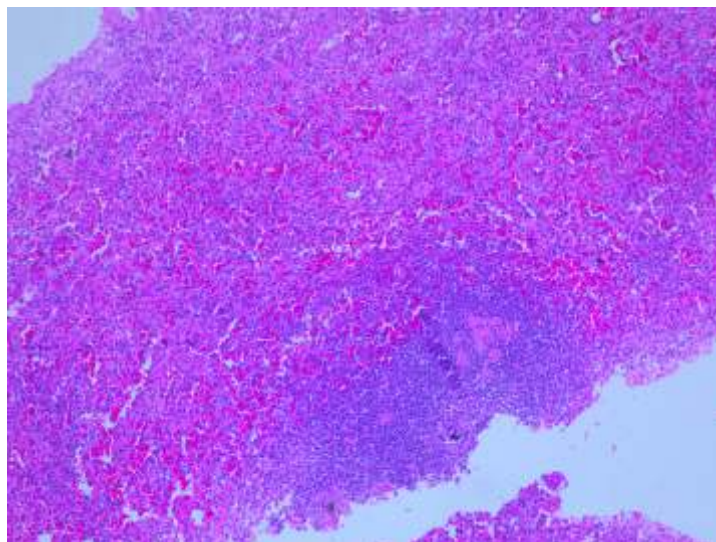


Fig 5: Histopathology slide shows typical splenic tissue.

To this patient's good fortune, this turned out to be splenic deposits in the pleural / extrapleural space on the left following a shattered spleen due to gunshot injury and a diaphragmatic tear, which had been repaired twenty years ago.

The case illustrates the use of multiple modalities, in this case, CT scan, biopsy with histology and Tc Sulphur colloid scan, all helped in arriving at a diagnosis in an integrated manner.

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Bhaveshwar Vihar, 383, S.V.P. Road, Prarthana Samaj, Charni Road, Mumbai 400 004.