

performed in this hospital with no untoward effects, and no side effects were recorded during this study.

The practical application of myocardial scanning in the patient with acute myocardial infarction would be enhanced by the addition of portable scanning facilities.

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SHORT REPORTS

Splenoma with Portal Hypertension

Splenomas or splenic hamartomas are non-capsulated, single or multiple nodules in the spleen and consist of native elements in gross disproportion.¹ The first case of splenoma was recorded in 1865 by Rokitansky,¹ and until August 1970 only 39 cases had been reported.² All but four of these were asymptomatic (excluding abdominal swelling) and discovered accidentally at exploratory laparotomy or necropsy. Of the four symptomatic cases two had pancytopenia,^{2,4} one had anaemia,^{4,5} and one had thrombocytopenia.³ We report here the first recorded case of symptomatic splenoma associated with haemodynamically proved portal hypertension but without any of the reported haematological abnormalities.

Case Report

A 35-year-old Kashmiri Moslem weaver presented with pain in the left abdomen of 11 months' duration. The liver was enlarged (3 cm) and non-tender, and there was a palpable mass in the left hypochondrium, which moved slightly with respiration. The routine haematological measurements showed nothing abnormal except occasional Howell-Jolly bodies in the peripheral smear. The results of urine and stool analysis and liver function tests were normal. Blood sugar, urea, and creatinine were normal. Intravenous pyelography, barium meal examination, and serum electrophoresis for proteins showed nothing abnormal. Immunological studies showed proportions of normal T and B cells in blood, normal T-cell function, poor T-cell response to phytohaemagglutinin, and poor B-cell population in the spleen.

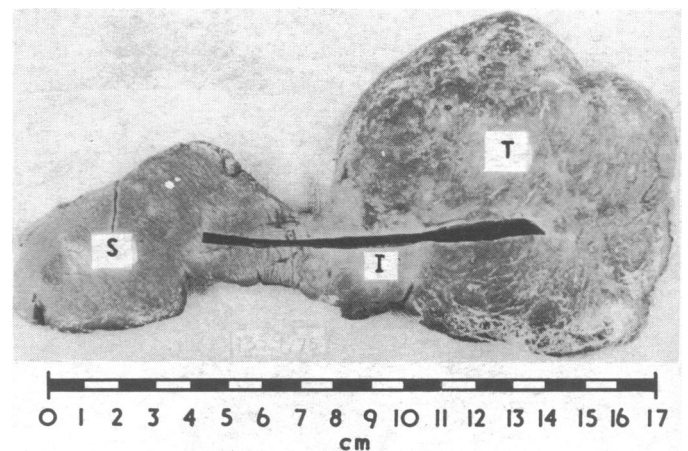
A splenoportogram showed a 5-cm circular dye-opaque area drained by a tortuous aberrant large vein (1.5 cm), joining a small main splenic vein before the formation of the portal vein. The haemodynamic studies showed high intrasplenic pressure (300 mm H₂O; normal, 150 mm H₂O), slightly raised wedge hepatic venous pressure (7.56 mm Hg; normal 5.4, S.D. 1.8), raised free hepatic venous pressure (6.12 mm Hg; normal 3.1, S.D. 1.6 mm Hg); and raised estimated hepatic blood flow (1.27 l/min; normal 0.8-1.2 l/min). Splenic vein thrombosis was diagnosed preoperatively.

At exploratory laparotomy a vascular tumour of the spleen was found as well as interconnecting vascular channels among the greater omentum, the posterior wall of the stomach, the splenic flexure, and the splenic tumour. The liver seemed to be fatty. Splenectomy and devascularization of the stomach were performed, and a wedge biopsy specimen of the liver taken.

The spleen weighed 290 g (see figure) on the surgical desk. There were three distinct parts; the main spleen, an "isthmus," and the tumour mass. The isthmus connected the lower pole of the spleen to the tumour. Histological examination showed a transition from normal to abnormal splenic architecture. The latter consisted of malformed, ill-defined lymphoid follicles "invading" the red pulp. The red pulp was unremarkable. Splenic vasculature showed perivascular haemorrhages and subintimal fibrous and fatty plaques suggestive of portal hypertension. The liver showed portal fibrosis. Splenoma with predominating abnormal lymphoid components was diagnosed.

Comment

The high intrasplenic pressure, the drainage of portosystemic collaterals into the azygos system, and the histological character of



External surface of spleen showing tumour (T) arising from lower pole of spleen (S) with interconnecting "isthmus" (I).

the splenic vasculature were considered adequate evidence of portal hypertension.

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Ocular Perforating Injury Caused by a Sparrow

Ocular conditions caused by birds are not as rare as might be supposed. Thus a sensitive person may develop acute allergic blepharoconjunctivitis through contact with feathers. The Newcastle virus, which causes fowl-pest, can cause acute follicular conjunctivitis. Psittacosis can cause iritis and subacute focal retinitis leading to macular oedema.¹