

Evidence Discussion: Spleen (AB 34.1)

- Splenomegaly is usually the result of systemic disease, and diagnostic studies should be directed toward identifying the etiology. Ultrasound is the preferred modality for documentation of splenomegaly found on physical exam. If the etiology of the splenomegaly is determined (benign or malignant), follow-up imaging would be addressed relative to that disease process.
- The accuracy, cost-effectiveness, and lack of radiation make abdominal ultrasonography a first-line step for confirmation of size.⁷
- Both CT and MRI are valid studies for initial evaluation and follow-up of indeterminate splenic lesions due to the non-specific hypoechogenicity found on ultrasound⁸. These should be performed both with and without contrast to improve diagnosis of a solid organ lesion. Nuclear medicine imaging is rarely needed but has a role in detection of accessory splenic lesions.
- There is no evidence-based data supporting the use of serial CT or MRI scans to monitor individuals with incidental splenic lesions that have benign characteristics or lesions that are stable after one year.

References

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