Hemangioendotheliomas are vasoformative lesions of intermediate biologic behavior with distinct morphologic subtypes mainly epithelioid, kaposiform, retiform and spindle cell types. Mild to moderate cytologic atypia is present. CD21, CD8 and CD68 are typically negative in these tumors. Splenic hamartomas are rare vasoformative lesions of the spleen derived from cells lining the spleen that show predominantly red pulp elements in a disorganized fashion with scanty fibrous tissue, however lacking the classical nodular growth pattern seen in SANT. On IHC, they have a CD31+/CD8+/factor 8+/ CD21-/CD68- immunophenotype.

Splenectomy is the most effective management of SANT with good prognosis and no recurrence.[6] As an association with IgG4 related disease is considered, corticosteroids are also effective as has been supported by few case reports.[7]

CONCLUSION

SANT is a rare disease entity with close differentials on imaging studies and histomorphologic evaluation. It is important to differentiate this entity from other vasoformative lesions. A detailed histomorphologic and immunohistochemical evaluation is of utmost importance to diagnose this disease entity.

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