

Clinical-Medical Image

Gamna-Gandy Bodies: A Case Report

Lemrabet Abir*, Bahlouli Nourrelhouda, L Jeroundi and FZ Laamrani Department of Emergency Radiology, CHU Ibn Sina, Rabat, Morocco



Figure 1: Abdominal MRI in axial Fatsat T2 (A), T1 OP (B), diffusion (C) and coronal with injection (D): Spleen increased in size site of multiple punctiform signal abnormalities in clear hyposignal on all sequences (red arrow), not enhanced after Gado injection. Hepatomegaly with dilation of the portal trunk and splenic vein associated with peri-splenic and peri-hepatic CVC.

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A 33-year-old patient, followed for chronic liver disease with signs of portal hypertension and in whom the biological assessment found pancytopenia with negative hepatic serology. Faced with the sudden appearance of hepatic colic, an abdominal ultrasound was performed. Carried out in emergency objectifying a dilation of the intra and extra hepatic bile ducts without sonographically detectable obstacle. An additional MRI with injection of PDC was requested in search of an etiology had shown no biliary obstacle. Splenic nodular signal abnormalities were highlighted on this MRI in connection with gamma corpuscles Gandy (Figure 1).

Discussion

Gamna–Gandy bodies (GGBs) are fibrosiderotic nodules presenting as small necrotic-hemorrhagic areas in the spleen most commonly caused by portal hypertension. However, they can be seen in other conditions such as sickle cell anemia, paroxysmal nocturnal hemoglobinuria and splenic vein thrombosis.

Consequences of a micro haemorrhage occurring after sinus rupture in a congestive parenchyma leading to a deposition of hemosiderin and calcium followed by a fibroblastic reaction. Ultrasound shows hyperechoic punctiform lesions disseminated throughout the splenic parenchyma with or without shadow cone. CT scan identifies strong attenuation foci that are indistinguishable from splenic granulomas. MRI is the most sensitive technique for detecting these nodules because of their iron content. They are typically hypo signal on all sequences with no enhancement. GGBs have no specificity in cirrhosis or portal hypertension [1-4].

Keywords: Gamna-Gandy bodies; Portal hypertension; MRI

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*Corresponding author: Lemrabet Abir, Department of Emergency Radiology, CHU Ibn Sina, Rabat, Morocco, Tel: + 0653828900; E-mail: Abirlemrabet8@gmail.com

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