



CLINICAL PICTURE

Calcified spleen associated with *Pneumocystis jirovecii* infection

A 59-year-old man with chronic myeloid leukemia (CML) in remission was referred for acute bacterial pneumonia. The patient had a past medical history of *Pneumocystis jirovecii* pneumonia secondary to CML treatment 27 years ago. Results of the physical assessment were unremarkable. Laboratory tests showed mild anemia without antinuclear antibody. Examination of a peripheral blood smear showed Howell-Jolly bodies (arrowhead), schistocytes (arrow) and target cells (arrow with dotted line), suggesting splenic dysfunction (Figure 1A). Abdominal plain computed tomography showed diffuse calcification in the shrunken spleen (Figure 1B). No tumor was detected by splenic plain magnetic resonance imaging (Figure 1C). Since he was asymptomatic, we followed him without invasive investigation or treatment.

Splenic calcification is uncommon, and its pathogenesis and clinical significance remain unknown.¹ Calcification of the spleen has been reported to have underlying causes including infectious (granulomatous) disease, malignant tumor and autoimmune disease.^{1,2} In the present case, past *P. jirovecii* infection was conceivably associated with splenic calcification and the consequent functional deterioration.

Ethics statement: Written informed consent was obtained from the patient to publish this case report.

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Conflict of interest. None declared.

References

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Figure 1. (A) Plain computed tomography showed a shrunken spleen with diffuse calcification. (B) No tumor was detected by splenic plain magnetic resonance imaging. (C) Howell-Jolly bodies (arrowhead), schistocytes (arrow) and target cells (arrow with dotted line) were seen in a peripheral blood smear.