

Persistent Fever and Splenic Abscess-like Lesions: A Diagnostic Trap in a Young Adult

Supplementary Files

Supplementary table S1. Other published cases of lymphoma presenting as splenic abscess.

Case	Age/Sex	Pathology subtype	Imaging finding	Outcome
1. ¹	29/F	DLBCL	CT: hypodense splenic lesion with central necrosis; no lymphadenopathy	Responded to R-CHOP
2. ²	47/M	DLBCL (extranodal)	CT: splenic lesion; subsequent hepatic lesions	Deceased
3. ³	63/F	DLBCL (non-germinal center type)	CECT: mild splenomegaly, multiple patchily enhancing SOLs; hilar lymphadenopathy with necrosis	Received CHOP; uneventful 1-year follow-up
4. ⁴	43/M	DLBCL	CT: enlarged spleen (168 mm), multiple hypodense areas with fluid component, largest 65×57 mm	Not reported
5. ⁵	75/F	DLBCL	CT: well-circumscribed, rounded, low-attenuation lesions; retroperitoneal lymphadenopathy	Deceased
6. ⁶	68/M	DLBCL (germinal center type)	US: three well-circumscribed hypoechoic masses; PET-CT: two hypermetabolic lesions	4 cycles R-CHOP; disease-free at 6 months
7. ⁷	55/M	DLBCL	US: multiple well-circumscribed hypoechoic lesions; CT: low-attenuation lesions	6 cycles CHOP; disease-free at 6 months
8. ⁸	62/F	DLBCL with CD30 expression	CT: 8-cm splenic mass with central necrosis; drain placed for 28 days	Not reported
9. ⁹	74/M	Marginal zone lymphoma	CT: 8.4×6.2 cm hypodense non-enhancing lesion	Not reported
10. ¹⁰	63/M	DLBCL (germinal center type)	CT: 5 cm mass with indistinct margins in mid-spleen; PET-CT: FDG-avid (SUVmax 28.3)	3 cycles PvRCHP; disease-free at 5 months

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