intervention. Early diagnosis of dementia syndromes is now thought to represent the best hope for the future, through use of disease-modifying medications whenever these become available. This will be a significant challenge in Creutzfeldt–Jakob disease, hence the need to consider the possibility of this diagnosis even if remote, for example as an unusual form of stroke mimic. Both stroke physicians and general physicians should therefore be aware of this possible presentation of a rare diagnosis. BJHM

Ali R, Barborie A, Larner AJ, White RP (2013) Psychiatric presentation of sporadic Creutzfeldt-Jakob disease: a challenge to current diagnostic criteria. *J Neuropsychiatry Clin Neurosci* **25**: 335–8 (doi: 10.1176/appi.neuropsych.13020025)

Armstrong RA (2006) Creutzfeldt-Jakob disease and vision. *Clin Exp Optom* **89**: 3–9

Jacquin A, Deramecourt V, Bakchine S, Maurage CA, Pasquier F (2014) Unusual features of Creutzfeldt-Jakob disease followed up in a memory clinic. *J Neurol* **261**: 696–701 (doi: 10.1007/s00415-014-7246-6)

Kamogawa K, Toi T, Okamaoto K, Okuda B (2009) A case of Creutzfeldt-Jakob disease with stroke-like episode as an initial symptom [in Japanese]. *Nihon Ronen Igakkai Zasshi* **46**: 458–61

Newey CR, Sarwal A, Wisco D, Alam S, Lederman RJ (2013) Variability in diagnosing Creutzfeldt-Jakob disease using standard and proposed diagnostic criteria. *J Neuroimaging* **23**: 58–63 (doi: 10.1111/j.1552-6569.2012.00763.x)

Panagariya A, Jain RS, Sharma AK (1999) Stroke like presentation of Creutzfeldt Jakob disease: an unusual variant. *J Assoc Physicians India* **47**: 548–50

Schott JM, Reiniger L, Thom M et al (2010) Brain biopsy in dementia: clinical indications and diagnostic approach. *Acta Neuropathol* **120**: 327–41 (doi: 10.1007/s00401-010-0721-y)

Vargas ME, Kupersmith MJ, Savino PJ, Petito F, Frohman LP, Warren FA (1995) Homonymous field defect as the first manifestation of Creutzfeldt-Jakob disease. *Am J Ophthalmol* **119**: 497–504

Wong SH, Jenkinson MD, Faragher B, Thomas S, Crooks D, Solomon T (2010) Brain biopsy in the management of neurology patients. *Eur Neurol* **64**: 42–5 (doi: 10.1159/000315032)

LEARNING POINTS

- Stroke mimics are common, including epilepsy and migraine.
- Neurodegenerative disorders are usually slowly progressive and hence unlikely to be confused with stroke in most instances.
- The clinical features of Creutzfeldt–Jakob disease may on occasion present subacutely, for example with visual field defect, and hence be mistaken for stroke, especially in those with a prior history of stroke.
- Awareness of Creutzfeldt–Jakob disease as a possible, if infrequent, stroke mimic should be raised.

Littoral cell angioma in the spleen

Littoral cell angioma is a rare splenic vascular tumour first reported by Falk et al in 1991. This article presents a 37-year-old man who was diagnosed with littoral cell angioma in the spleen following an abdominal B-mode ultrasound examination. His past medical history showed epidemic jaundice hepatitis A. There were no positive findings on physical examination. Results of haematology laboratory tests were unremarkable. A contrast computed tomography scan of the superior and middle abdomen confirmed an enlarged spleen with an isolated hypodense and heterogeneous mass suggestive of haemangioma or harmatoma (*Figure 1*).

Mr Chao Gao* *is Senior Resident Doctor,*
Dr Ya-Chen Li* *is Resident Doctor,*
Dr Xiang-Ming Xiao *is Resident Doctor,*
Professor Feng Qi *is Professor of General Surgery and Associate Chief Surgeon and*
Professor Tong Liu *is Professor of General Surgery in the Department of General Surgery, Tianjin Medical University General Hospital, Tianjin, China*

Correspondence to: Professor F Qi (qf@medmail.com.cn)
**These authors contributed to this work equally*

Given the atypical nature of the findings, the preoperative diagnosis was a benign splenic space-occupying lesion. The patient underwent splenectomy without any complications. Postoperative pathology studies with haematoxylin and eosin (*Figure 2*) and immunohistochemistry staining confirmed the diagnosis of littoral cell angioma. His postoperative course was asymptomatic and uneventful, without clinical or radiological evidence of recurrence at 2 years follow up.

It is very difficult to differentiate littoral cell angioma preoperatively from other splenic tumours as they lack specific clinical symptoms and imaging features. The final diagnosis of littoral cell angioma mainly depends on postoperative pathological examination. Some cases depict littoral cell angioma as being related to malignant tumours of multiple organs (Bisceglia et al, 1998), so continued surveillance and postoperative follow up of littoral cell angioma patients is very important. BJHM

Bisceglia M, Sickel JZ, Giangaspero F, Gomes V, Amini M, Michal M (1998) Littoral cell angioma of the spleen: an additional report of four cases with emphasis on the association with visceral organ cancers. *Tumori* **84**: 595–9

Falk S, Stutte HJ, Frizzera G (1991) Littoral cell angioma. A novel splenic vascular lesion demonstrating histiocytic differentiation. *Am J Surg Pathol* **15**: 1023–33

Figure 1. Contrast computed tomography scan of the abdomen.

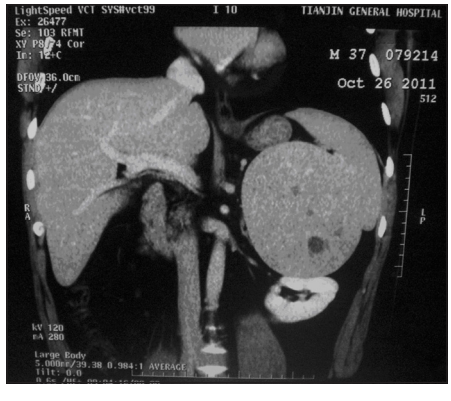

Figure 2. Haematoxylin and eosin staining histopathology examination shows that the neoplasm was composed mainly of anastomosing vascular channels lined by low columnar or cuboidal epithelial cells or histiocyte.