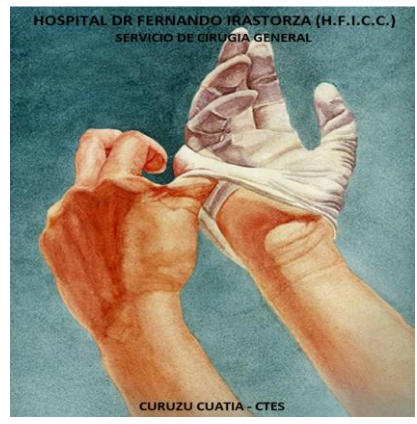


SPLENICS CYSTS: MONOCENTRIC EXPERIENCE

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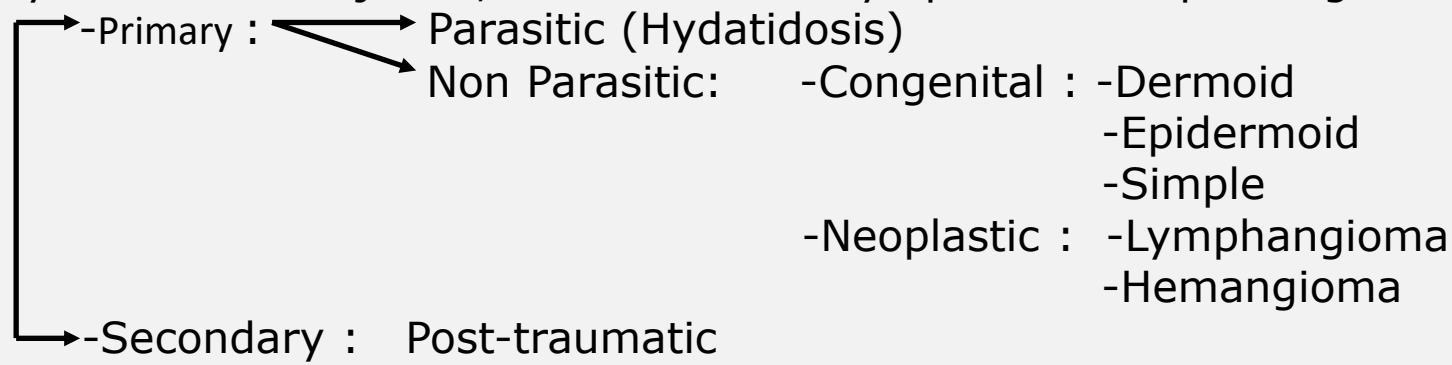
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INTRODUCTION:

Splenic Cysts are very uncommon injuries, most of them asymptomatic depending on the size and complications.

They are classified:



MATERIAL AND METHOD:

A retrospective study was carried out at Irastorza Hospital from January 2018 to December 2022, finding 19 cases of Splenic Cysts, analyzing age, sex, origin of the cyst, treatment and evolution.

RESULTS:

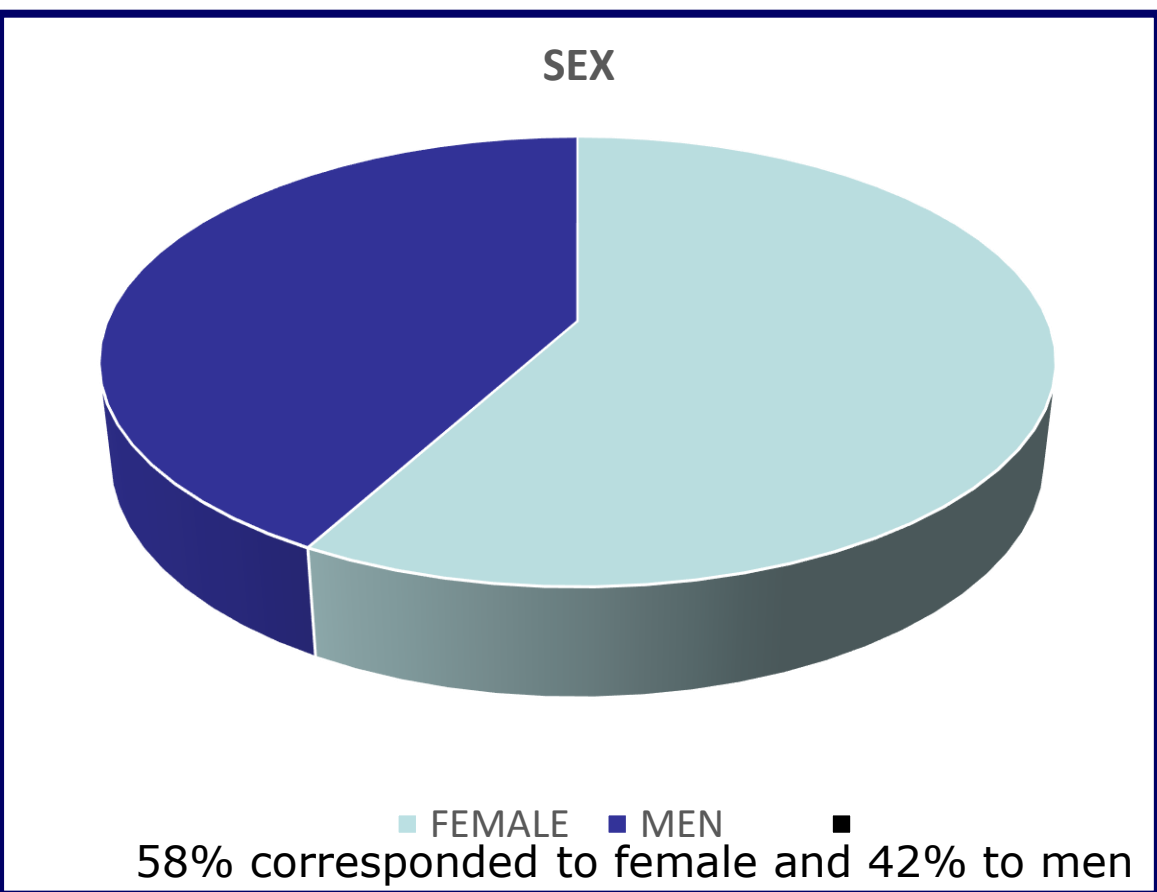
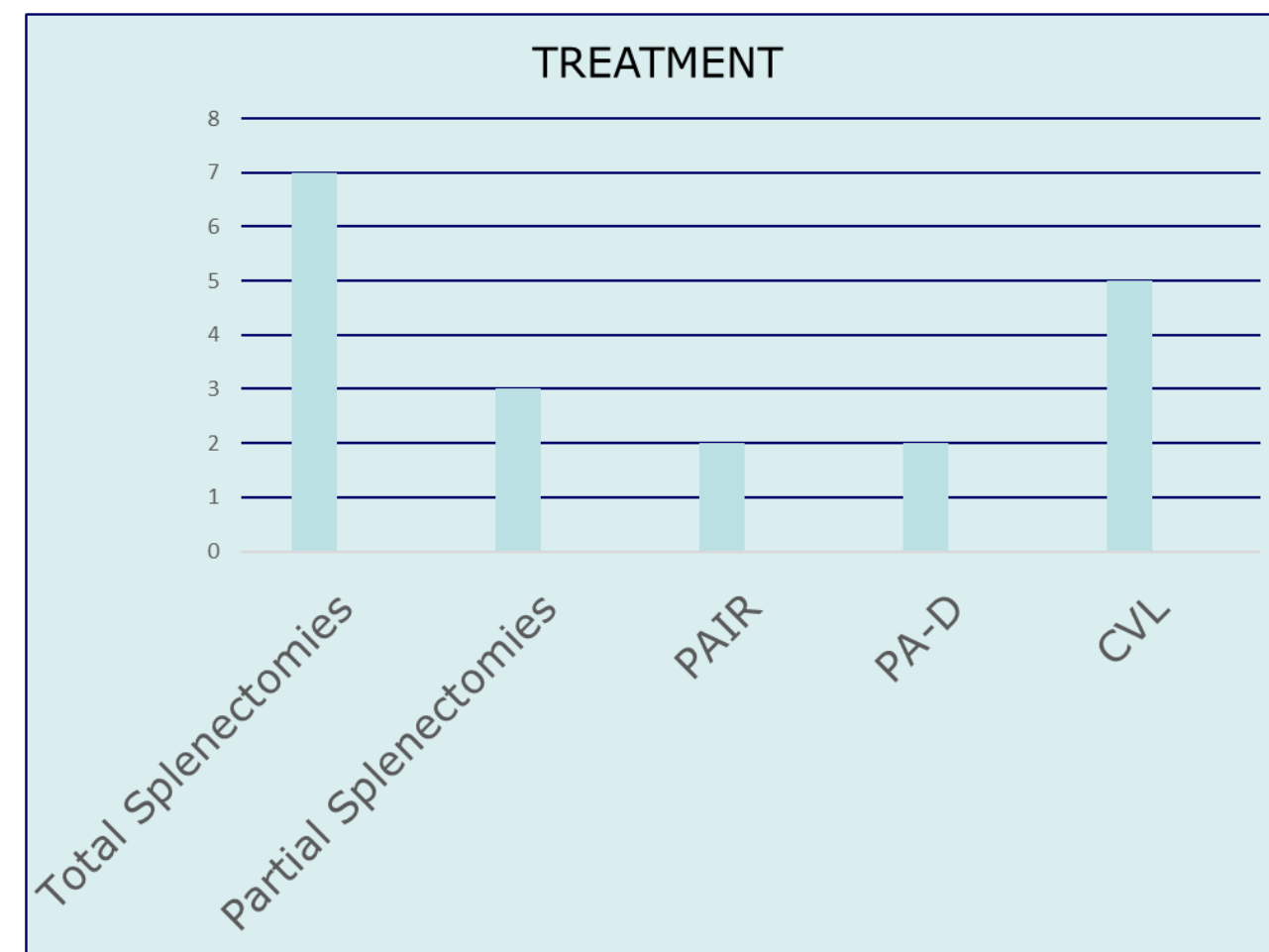
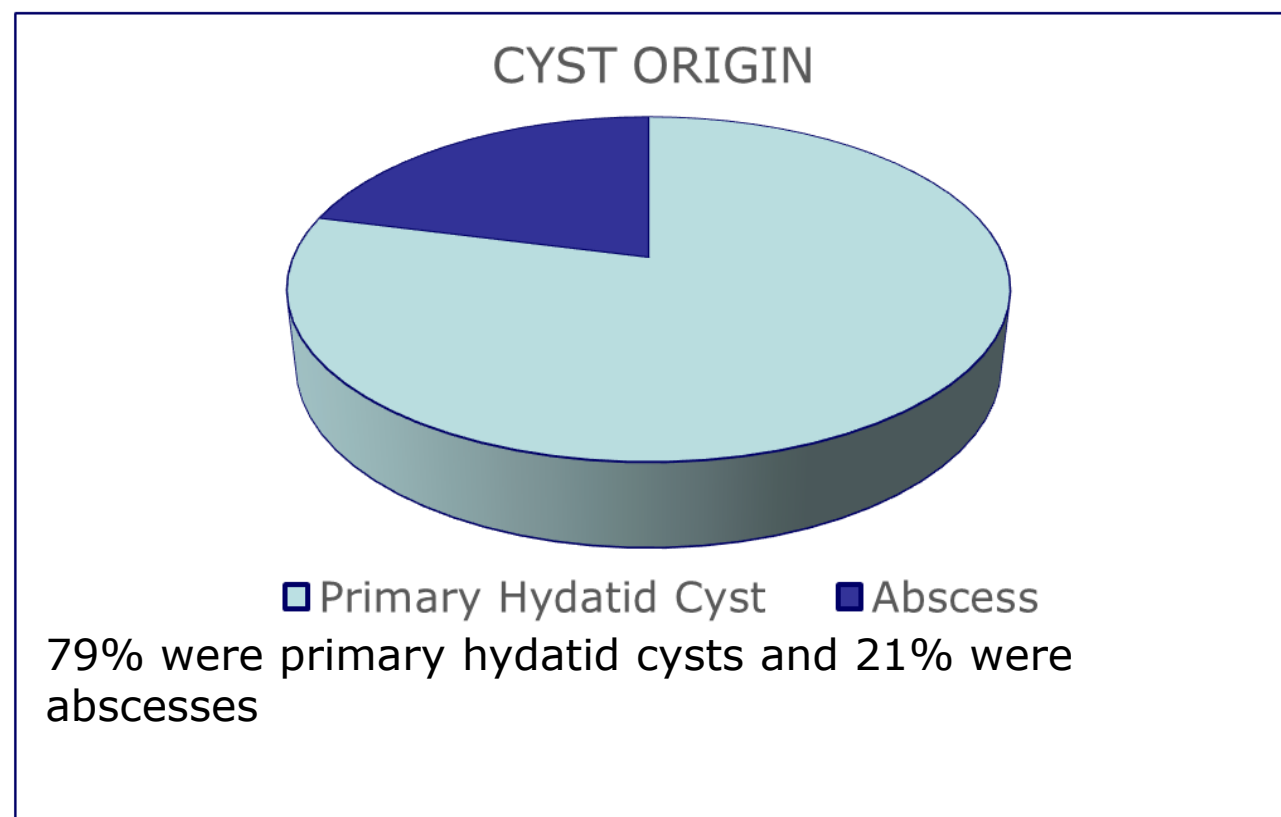
19 cases were analyzed, of which 15 corresponded to primary parasitic cysts(Hydatidosis), 3 cases abscesses with a history of trauma, and 1 case of non-traumatic multivisceral abscess.

Of the 19 cases, 11 were female and 8 were male (4 abscesses were men).

Regarding treatment, 7 total splenectomies, 3 partial splenectomies, 2 PAIR, 2 PA-D and 5 videolaparoscopic cystectomies (C-VL) were performed.

Of the 4 abscesses, 2 had total splenectomies and 2 had PA-D. The PAIRs were performed in hydatid cysts of 5-6 cm in diameter. All progressed favorably except for 2 cases that had undergone partial splenectomy and bled, that is why reoperation with total splenectomy was performed.

The treatment was changed according to the experience of the surgical team: at the beginning total splenectomies then partial splenectomies and finally laparoscopic cystectomies, or treatments with mini-invasive surgery.



CONCLUSION:

In our experience, Hydatid Parasitic Cysts were identified by casual finding, and represented the majority of cases, comprising 79% of splenic cysts.

These Splenic Hydatid Cysts in turn represented 2% of the total Hydatid Cysts in our statistics, and the rest of them corresponded to abscesses.

The treatment used was based on the experience of the surgical team, performing conventional total splenectomy, then partial splenectomy and finally the use of videolaparoscopy cystectomies.

Total splenectomies were performed on the abscesses and currently minimally invasive surgery is use.

DISCUSSION:

Splenic cysts are rare pathologies, often asymptomatic, and are sometimes identified by casual findings. Ultrasound and CTscan play an important role in its diagnosis and eventual treatment. Surgery is recommended for all symptomatic cysts larger than 5 cm. The surgery will depend on the experience of the surgical team.

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