

SPLENIC TORSION WITH PARTIAL COLONIC OBSTRUCTION CAUSED BY A WANDERING SPLEEN IN A TEENAGER: A CASE REPORT

Ameerah S. Mantawil, MD; Lito K. Chio, MD
Cotabato Regional and Medical Center

CONCLUSION

Wandering spleen is a rare clinical condition. A surgeon needs a high index of suspicion, early investigations, immediate surgical intervention and strict follow up for the patient so as complications may be prevented and splenic function is preserved.

This rare condition is the first case documented in our institution. This case report would be a great help in expanding our knowledge and improving our expertise in the diagnosis and management of this condition.

INTRODUCTION

The wandering or ectopic spleen is a very rare condition that have only been from reported in a few case reports and small case series in children. **Its true incidence remains unknown.** Only less than 0.5% of large series of splenectomies have documented its frequency, and it is primarily found in youth and women between the ages of 20 and 40.

The following case report describes our experience with a patient who had wandering or ectopic spleen, as well as the medical and surgical therapy of this unusual case at our institution.

CASE REPORT

A young teen presented with a chronic history of intermittent epigastric pain of two years duration. No other symptoms were noted. A consult was done and ultrasonography was unremarkable. No further treatment and symptoms spontaneously resolved. A week prior to consult at our institution, patient had moderate periumbilical pain, colicky, not associated with food intake, non- radiating and with no other associated symptoms.

Consultation with a pediatrician was done and the patient was managed as acute gastritis. A new consultation was done with another doctor and whole abdomen computed tomography was requested revealing an enlarged spleen, measuring 15.2 x 4.8 cm, and is seen in the right subhepatic area. **There was no evidence of a normal-looking spleen in the left upper abdomen.**

Patient underwent Diagnostic Laparoscopy converted to an exploratory laparotomy, detorsion of splining pedicle, splenopexy with colopexy. It was noted intraoperatively that there is a large spleen located on the right upper quadrant and an absence of a spleen in the left upper quadrant of the abdomen. The post operative course was unremarkable and was subsequently discharged with an uneventful follow up.

RESULTS

Figure 1

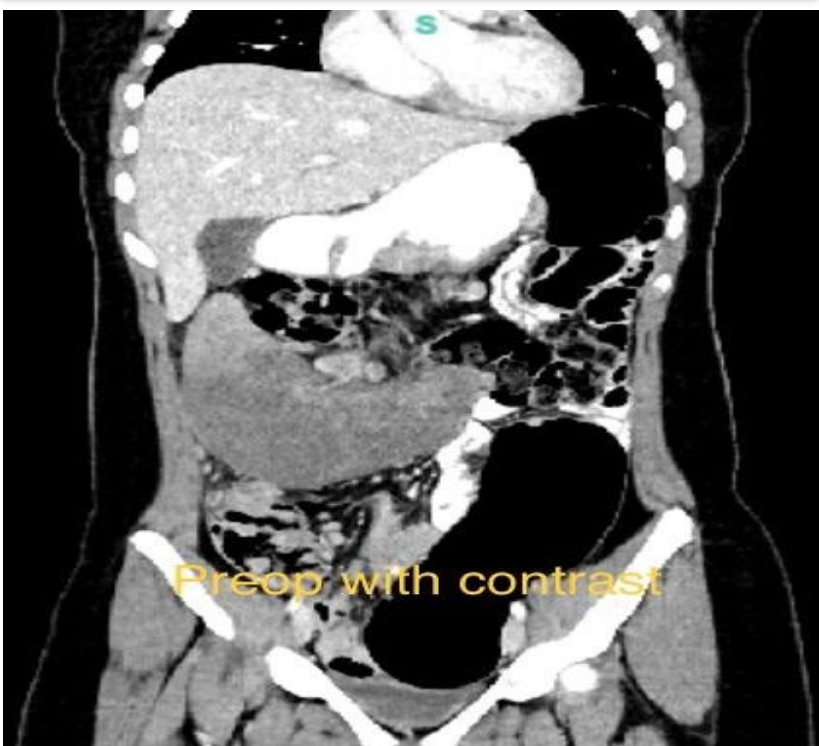


Figure 2



Figure 3

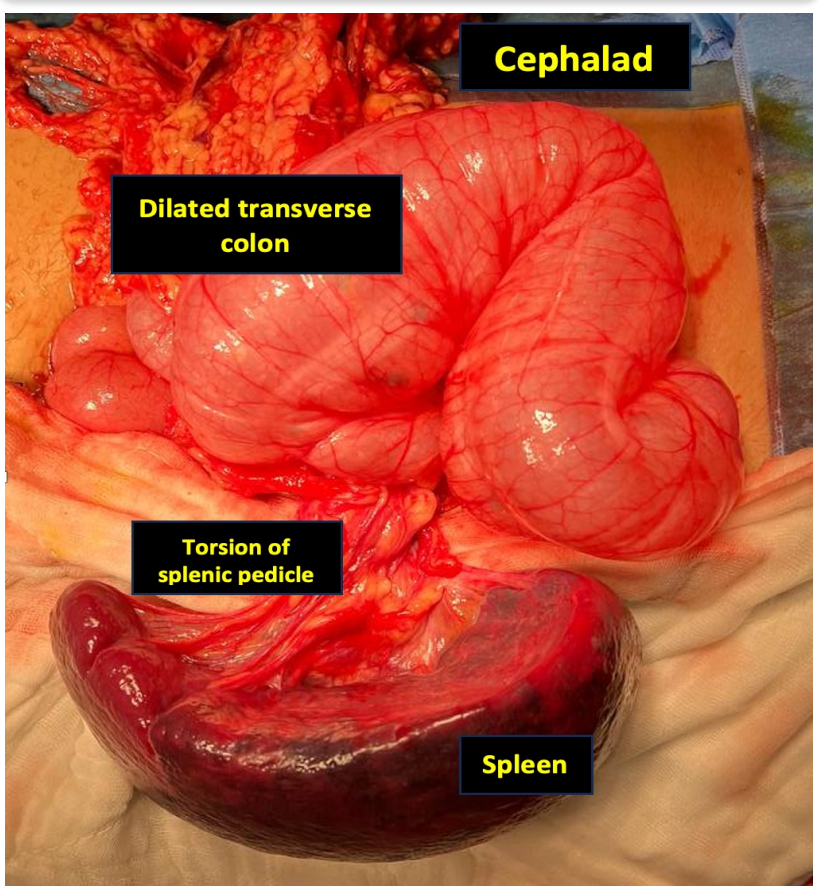
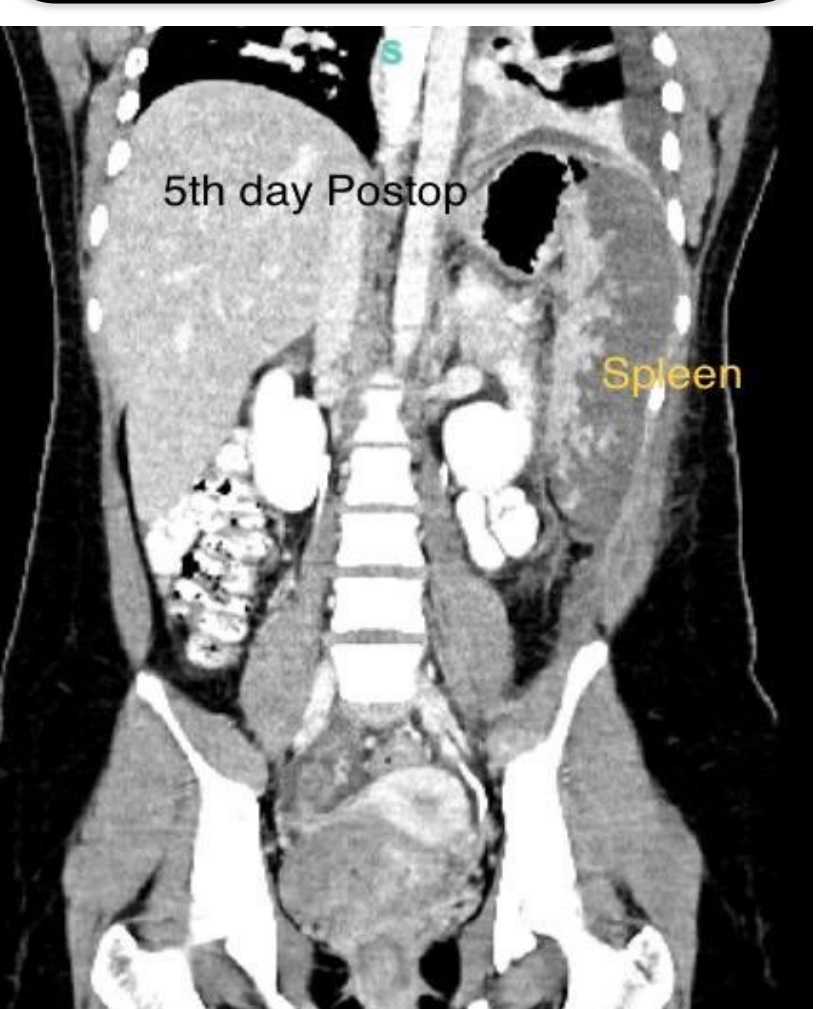


Figure 4.

Post-operative WAB CT. Normally placed spleen, otherwise, normal study of the whole abdomen is seen.



DISCUSSION

One of the first case reports of a wandering spleen in a child was published in the Polish journal Diary of the Warsaw Medical Society in 1854 by the Polish physician named Józef Dietl. Years later, he published a third case of a wandering spleen in a journal, indicating that the illness was potentially fatal because it caused peritonitis and, as a result, mortality.

The etiology of wandering spleen is generally unknown. The spleen develops in the dorsal mesogastrium and shifts posterolaterally to the left when the gut rotates. Symptoms of wandering spleen varies with the degree of torsion. The patient presented with signs of obstructions such as changes in bowel habit and does not tolerate food intake. **The patient showed a rare clinical feature with different presentations and represent a diagnostic challenge.** The patient described here has a clinical suspicion of bowel obstruction. Hence, emergency diagnostic laparoscopy was done to provide us better understanding of the patient's condition.

The only treatment for wandering spleen is operative. Currently, laparoscopic splenic surgery is the gold-standard of care for patients with wandering spleen requiring surgery and is widely utilized since it is less painful and allows for improved cosmesis, early ambulation, overall less morbidity, and a quicker return to work. The patient initially underwent diagnostic laparoscopy, however due to difficulty identifying the structures, we proceeded with open splenopexy.

Clinical suspicion, as well as prompt diagnosis and management, are required to save the spleen and avoid sequelae. Splenic preservation is strongly advised for individuals of extremes age. In our case, findings of well-vascularized spleen at the right upper quadrant, hence, detorsion of splenic pedicle, splenopexy and colopexy was done to preserve the spleen.

Splenectomy increases the frequency of adverse events, including death, in the immediate postoperative period. However, the patient surgical procedure has maintained the physiologic function of the spleen resulting to a better prognosis and outcome. Managing these issues are feasible and should be done in a timely and organized manner.

REFERENCES



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