

Acute abdomen from pedicle torsion ectopic pelvic spleen

A case report and review of the literature

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INTRODUCTION

A case of pedicle torsion ectopic spleen we observed is reported. Presenting this clinical contribution seems to be suitable considering how very rare this pathology is. It has seldom been reviewed in the literature and it has not been generally diagnosed, except on the operating-table.

CLINICAL CASE

L. D. M. 18 years old, nullipara. Both in her family anamnesis and her own remote one, nothing significant was noticed. Menarche at 13 years old following with regular menstrual cycles, negative gynecologic anamnesis. LM on June 20th 1993, regular.

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On June 28 1993 at about 5.00 p.m. seemingly in the best of health, acute pelvic pains hit her. She was admitted to the Gynecology and Obstetrics ward in Taormina where she lived.

Without submitting her to any instrumental checks, an ovarian cyst torsion was diagnosed. Her transfer to our ward was then arranged.

One June 29 at 2.30 p.m. the patient arrived in very bad general condition with hypotension, irrepressible vomiting and a very aching and intractable abdomen. During the gynaecologic examination a tough, irregularly surfaced, mobile mass seemed to fill the pelvis. On one hand due to the considerably resistant abdominal wall a reasonable evaluation of the other pelvic organs was not possible. On the other hand, rapidly ingravescing symptoms, typical of acute abdomen, made us decide an emergency laparotomy, doing without any further instrumental diagnostic check.

Once the abdominal cavity had been opened, a dark-red, tough and rather friable mass was found. Examining it more carefully it was possible to distinguish a prolapsed spleen, cm 18×18), with a pedicle torsion. There was small quantity of serum hematic liquid in the peritoneal cavity.

The surgery specialist's advice was asked for to follow proper operating procedures. After an accurate examination he decided it was necessary to proceed with splenectomy since the organ was

no longer recoverable due to damage and pedicle vessel thrombosis.

Splenectomy was carried out following the traditional technique.

After an abdominal pelvic toilette and having examined the other organs that appeared to be normal in shape, dimension and place, we proceeded, upon drainage, to close the abdominal wall.

The post-operative course was favourable and the patient was discharged on the VIIIth day.

The histologic examination of the specimen confirmed the organ massive haemorrhagic filling, presence of vessel thrombosis and microcalcified areas.

DISCUSSION AND CONCLUSIONS

The case reported here gives us the opportunity to make some important considerations. First of all, as afore-mentioned, the ectopic pelvic spleen in a very infrequent pathology, the diagnosis of which, in most cases do not occur except on the operating table⁽¹⁻⁴⁾.

In a very few, lucky cases, clinically observed soon after the onset of clinical symptoms, instrumental diagnostic checks can give a correct and timely diagnosis with a conservative surgical operation as a possible consequence.

Cendrowski (1992) describes the case of a 19 - year - old girl who was hospitalized because of an adnexial mass torsion where the echography showing all pelvic and abdominal organs helped make an exact preoperative diagnosis.

Another useful diagnostic tool is certainly the CT scan, by means of which Swischuk (1992) was able to accurately diagnose a spleen pedicle torsion without laparotomy.

Chen (1993) examined a very rare case of giant ectopic pelvic spleen associated with an accessory spleen. According to him, it is useful to supplement ecography and CT with angiography and magnetic resonance.

On one hand, as is easily understandable) an accurate diagnosis is a matter of diagnostic checks which require such a wait in our hospitals, that the case referred to us did absolutely not allow; in fact, the patient's general condition and ingravescence of symptoms urged us to make the only decision in such cases, which is emergency laparotomy. On the other hand, if a diagnostic investigation had been done, serious damage to the ectopic organ caused by the long delay would not have allowed a conservative operation.

However, we believe, as Azar (1993) does, that the ectopic pelvic spleen should always be considered in the protocol of adnexal mass differential diagnosis, although it is a rare clinical occurrence.

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