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Post traumatic pseudocyst of spleen: A case report

Suryawanshi Pravin, Abdul Qayyum Khan and Runwal Shreyas*

Department of surgery, M.G.M. Medical college, Aurangabad, Maharashtra, India.

ABSTRACT

Splenic cyst are relatively a rare disease. These are classified as primary and secondary according to their etiology and pathophysiology. This case presented with history of post traumatic lump in left upper quadrant since 8 months. Preoperative diagnosis was established with ultrasonography and computerized tomography. Chest Xray suggestive of fracture of left 7th rib. Ultrasonography of abdomen suggestive of splenomegaly with splenic cyst. CT scan of abdomen done. Patient Planned for Explorative Laprotomy. Evidence of large cyst arising from superior surface of spleen. Patient treated with total splenectomy.

KEYWORDS: Splenic cyst, Pseudocst , splenectomy, Non Parasitic Cyst, Post Traumatic Cyst

Corresponding Author:

Dr. Runwal Shreyas Satish
Third year junior Resident,
Department of Surgery,
M.G.M. Medical College, Aurangabad. (M.S.)
E Mail - shreyasrunwal@gmail.com
Phone No. -+919923179998

INTRODUCTION

Case History

A 35 years old female patient was admitted with history of lump in left upper abdomen since 8 months. Patient gives history of on and off pain in abdomen. There was gradual increase in size of lump. There was no sudden increase in size of lump, fever or colicky pain in abdomen. There was past history of blunt trauma to left lower chest 1 year back. Examination revealed 18cm *12cm firm smooth globular lump in left hypochondric region. Lump was freely mobile side to side and upper limit could not be reached. Spleen was enlarged and non tender.

Investigations

All blood investigations were within normal limits. Chest X Ray revealed fracture of 7th rib. Ultrasound abdomen revealed splenomegaly with mass arising from superior surface of spleen. CT scan suggestive of splenomegaly with splenic cyst of 15cm * 12cm.

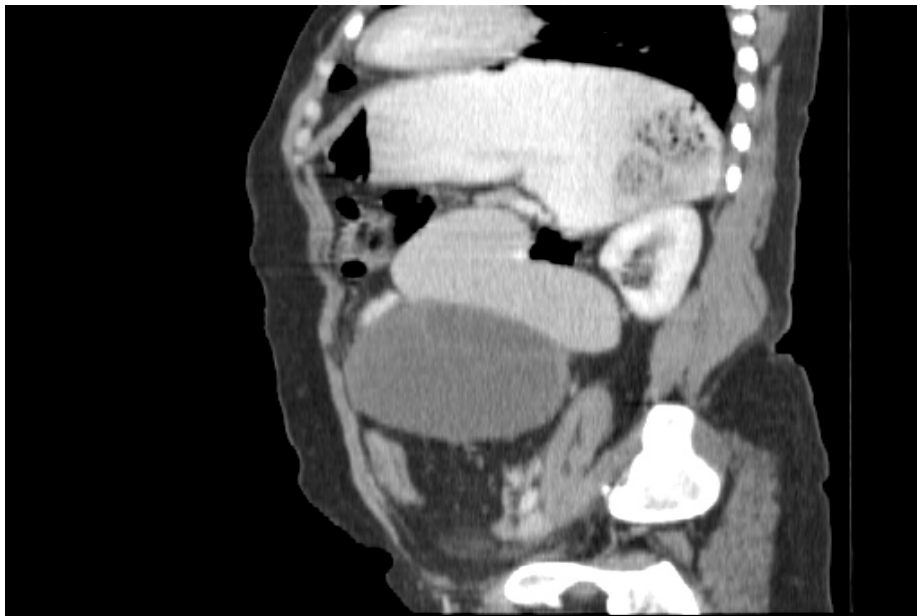


Figure 1 - CT scan sagittal view of spleen with cyst.

Explorative laprotomy revealed evidence of large splenic cyst arising from superior surface of spleen. There was rotation of spleen in clockwise direction with break in gastrosplenic ligament.

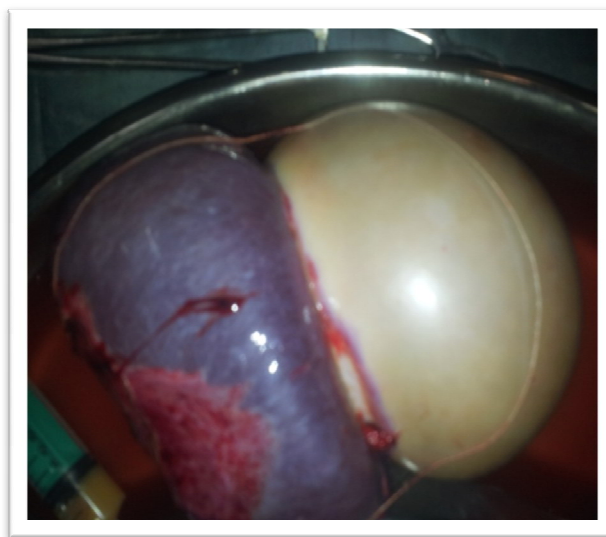


Figure 2 - Specimen of spleen with cyst.

Decision taken for total splenectomy. Spleen along with cyst removed in toto. Aspiration of splenic content suggestive of pus. Specimen sent for histopathological reporting. Patient had uneventful postoperative period. Histopathology study suggestive of post traumatic pseudocyst of spleen.

DISCUSSION

Non parasitic splenic cyst are uncommon. Pseudocyst of spleen comprises 70-80% of these¹. These are mostly post traumatic and reveals resolution of subcapsular hematoma. splenic cyst mostly occur in younger age groups and typically in females².size varies from 2-16 cm. such large cyst are prone to rupture and may present with acute abdominal emergency secondary to hemoperitoneum and peritonitis³. there is substantial increase in number of such cases with substantial increase in road traffic accidents⁴.Post Traumatic cyst are asymptomatic in about 60% of cases⁵. Symptoms appear only when cyst size increases. Patient gives history of dull pain in left upper quadrant radiating to left shoulder. CT scan is most diagnostic. If it is hydatid cyst plain Xray abdomen may show focal calcification. surgical management varies depending upon the age of patient, time of onset, presentation and risk of complications.⁶Splenectomy has been treatment of choice for large cyst with minimal splenic tissue and is curative. Conservative treatment in form of resection of cyst bearing portion or deroofting of cyst with omentoplasty with preservation of normal splenic parenchyma is preferable for small sized cyst. The conservative approach help to preserve immunological function of spleen.

RESULT

Large size traumatic pseudocyst has to be treated with total splenectomy.

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