



Widespread Abdominal Splenosis Diagnosed During Cesarean Section: A Case Report

Sezaryan Esnasında Saptanan Batın İçine Geniş Yayılımlı Abdominal Splenozis Olgusu

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Abstract

Splenosis is an autotransplantation of splenic tissue that usually occurs after surgery or traumatic rupture of the spleen. It is not a pathological process. In this case, the patient underwent cesarean section, and during cesarean section, there were small masses detected on the small intestines and peritoneum. Multiple biopsies were taken from the masses and histopathological analysis was compatible with abdominal splenosis.

Keywords: Splenosis, cesarean section, wide spread, intraabdominal

Öz

Splenozis dalağın travması ya da dalak cerrahi esnasında dalak parçalarının ototransplantasyonudur. Bu durum patolojik bir süreç değildir. Bu çalışmada, sezaryen esnasında batın içinde ince barsaklar ve periton üzerinde yaygın olarak saptanan küçük kitlelerden bahsedilmektedir. Bu kitlelerden alınan biyopsi sonucu splenozis ile uyumlu bulunmuştur.

Anahtar Sözcükler: Splenozis, sezaryan, yaygın, intraabdominal

Introduction

Splenosis is often found incidentally. The first human case of splenosis was reported in 1896 by Albrecht in Germany (1) and the term splenosis was proposed by Buchbinder and Lipkopf in 1939. It describes heterotopic autotransplantation of splenic tissues (2). Splenosis mostly occurs in the abdominal and pelvic cavities, and rarely, in other locations throughout the body (3). It requires no further treatment; however, sometimes imaging findings can mimic malignancy and metastases (3). In these cases, it is important to make differential diagnosis.

Splenic implants regain their function, and the primary hematologic disease may return back. In these cases, management of the primary disease will be difficult. In the differential diagnosis of splenosis, we can count accessory spleens, endometriosis, hemangiomas and metastatic cancer (4).

In this paper, we present a case of splenosis detected during cesarean section (c/s) 20 years after

traumatic rupture of the spleen in childhood, which was asymptomatic since then.

Case

A 34-year-old pregnant patient was scheduled for a cesarean section. Her medical history included splenectomy after a traffic accident. Biochemical and hematologic parameters were normal. Cesarean section was performed with a Pfannenstiel incision and she delivered healthy baby weighing 3000 g without any anomaly. During the procedure, the surgical team saw small masses on the intestines and peritoneum and requested general surgery consultation. During surgery, it was observed that there were multiple masses measuring 1-3 cm suggesting exophytic solid vascular structures on the intestine, particularly on the serosal surface of the bowel loops and the mesenteric face, pouch of Douglas, and sigmoid colon (Figure 1a, b). The patient was discharged on the third postoperative day without

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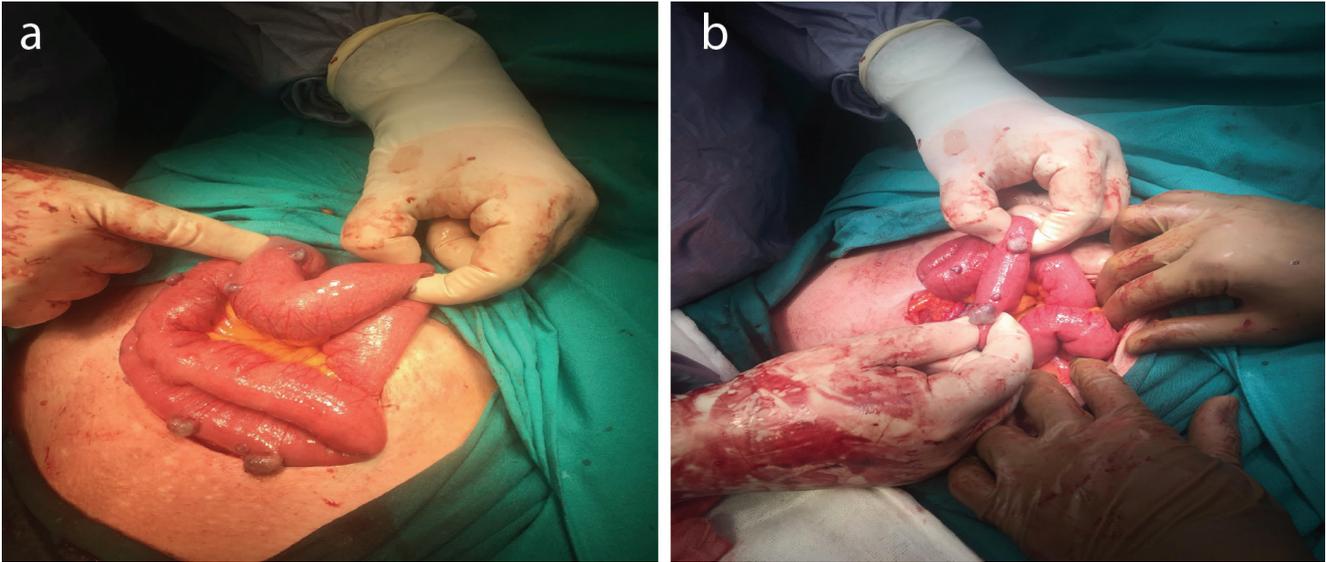


Figure 1a, b. Splenic implants on small intestines seen during surgery

any problem. Postoperative histopathological examination revealed abdominal splenosis. Written informed consent for publication of her clinical details and images was obtained from the patient.

Discussion

Splenosis is the autotransplantation of splenic parenchyma occurring during surgery or due to splenic trauma. Splenosis can be found throughout the abdominal cavity or pelvic cavity; in some cases, it can be found in the chest cavity, in subcutaneous tissues or in the brain (4). After rupture of the splenic parenchyma, the capsule compromises and splenic fragments usually spread by a direct seeding onto neighboring locations. Splenules are usually intraperitoneal. Extra-peritoneal splenosis is less common and usually related to direct communication with the peritoneum during trauma or splenectomy (5-8).

The true incidence of this rare condition, which is often under diagnosed, is unknown. The heterotopic implantation of splenic tissue may occur in up to 67% of patients with a traumatic rupture of the spleen or splenectomy. Splenosis is often detected incidentally on imaging or during surgery as in our case. It can be solitary or multiple, and it can occur in anywhere in the body, commonly in the abdominal cavity (7). In our case, multiple masses were detected in the abdominal cavity.

Splenic implants are usually asymptomatic, however, sometimes they may cause recurrent abdominal pain or small bowel obstruction. There are only case reports in the literature to show small bowel obstruction due to splenosis (9). Rarely, splenosis may present with gastrointestinal bleeding, abdominal mass or compression symptoms of

a mass and may be related to recurrence of hematologic diseases treated previously with splenectomy (10). In our case, we did not detect any hematological problems or compression of any abdominal organ.

Conclusion

The risk of splenosis and associated complications should be kept in mind in patients with a history of a splenectomy or rupture of the spleen.

Authorship Contributions

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