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Wandering spleen in a primigravida: a case report and review

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ABSTRACT

Wandering spleen is a very rare clinical entity also termed as pelvic spleen. In this condition spleen will not be found in normal anatomical position due to defect, weakness or absence of the ligamental attachments of the spleen.
The wandering spleen is at high risk of torsion, infarction and it can cause acute severe pancreatitis. The therapy is laparoscopic spleenopexy; it has advantages of minimally invasive surgery as well as spleen will be fixed into the normal position.
Case presentation: A 22 year primigravida six weeks of gestation presented to the women's hospital emergency with mild abdominal pain on and off for one week. She was six week pregnant. Ultrasound abdomen revealed absence of spleen in the normal location (left hypocondrium) but discovered it in pelvis, adjacent to the uterus. She was followed by monthly abdominal ultrasound, spleen was wandering in abdomen, no infarction but there was spleenomegaly. She had uneventful normal vaginal delivery at 38 weeks of gestation and Underwent laparoscopic spleemectomy in the postpartum period.
Conclusion: Wandering spleen is a rare clinical abnormality, can be detected in the pregnancy. Its therapeutic approach is either laparoscopic spleenetcomy or gastropexy.

Key words: Wandering spleen, torsion, infarction, spleenopexy

1. INTRODUCTION

Wandering spleen is the displacement of spleen from its normal position due to the loss, absence or weakness of its ligament attachments. It is commonly found to be displaced in the pelvis hence it is also termed as pelvic spleen. Wandering spleen is a rare clinical entity, till date only 500 cases are reported in the literature and accounts for 0.15% of all spleenectomies (Malak et al. 2007), and it's common to found accidently in children and women. We report a case of wandering spleen in a primigarvida review the literature.

2. CASE

A 22 year primigravida six weeks of gestation presented to the women's hospital emergency with mild abdominal pain on and off for one week, not aggravated or relieved with diet intake. She was six week pregnant. No past history of any medical disease or hospitalization and fever. She was hemodynamically stable. Ultrasound abdomen revealed absence of spleen in the normal location (left hypocondrium) but discovered it in pelvis, adjacent to the uterus (Figure 1) and other abdominal organs were normal. She was referred to the general surgeons but she was not willing for any surgical interventions. She was followed by monthly abdominal ultrasound, spleen was wandering in abdomen, no infarction but there was spleenomegaly. She had uneventful normal vaginal delivery at 38 weeks of gestation. Baby was healthy with normal Apgar score. She followed up in the post-partum period both surgical and OBGY clinic. Four weeks postpartum she had severe pain in abdomen and ultrasound showed spleenic infraction underwent laparoscopic spleenectomy had smooth recovery. Post surgery she is followed in outpatient clinics.

3. DISCUSSION

Wandering spleen is free-floating spleen with abnormally long mesenteries which are at the high risk of axial twist and torsion. Normal spleen is covered by peritoneum except at hilar area, and it is fixed to the posterior abdominal wall by lienorenal and gastrospleenic ligaments. When these ligaments are weakened due to congenital or acquired defects, it will lead to the wandering spleen. The excess incidence of wandering spleen in childbearing age multiparous females has raised the possibilities of ligamental lengthening may be related to the hormonal changes of pregnancy. Majority of the wandering spleen are diagnosed incidentally on abdominal examinations, it can present as acute abdomen due to spleenic infarction or torsion (Malak et al, 2007; Abbey et al. 2013). Recently few case reports of wandering spleen presenting as acute pancreatitis and portal hypertension (Gilman et al 2003). Diagnosis can be an accidental finding or if patient presents with pain in abdomen and on ultrasound examination an enlarged spleen will be found in the pelvic fossa instead of its normal position. A contrast enhance CT (Computerized tomography) will show and confirm the ectopic spleen as well as it will give detailed information about spleenic vasculature (Abbey et al. 2013).

Preferred treatment of wandering spleen is the Laparoscopic spleenopexy. In the past years spleenectomy was the treatment but now-a-days the trends for therapy are to preserve the spleen as it is a vital reticuloendotheial organ. Laparoscopic spleenopexy has all the advantages of minimally invasive surgery (Cavazos et al. 2004). If patient has torsion spleen with infarction, it is a surgical emergency and emergency splenectomy is indicated.

Recently gastropexy is another option for stabilizing the wandering spleen, but those publications has less power and hence cannot be recommended as a mode of therapy (Francois-Fiquet et al. 2011).

4. CONCLUSION

Wandering spleen is a rare clinical and anatomical abnormality, can be detected in the pregnancy. It can lead to life threatening complication. Its therapeutic approach is either laparoscopic spleenetcomy or gastropexy.

INFORMATION CONSENT

Written informed consent for publication was obtained from patient.

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COMPETING INTEREST

All authors are not having competing interest to declare.

AUTHOR'S CONTRIBUTION

Firdous ummunnisa and Nissar Shaikh, had written the manuscript and Sharara had reviewed the manuscript.

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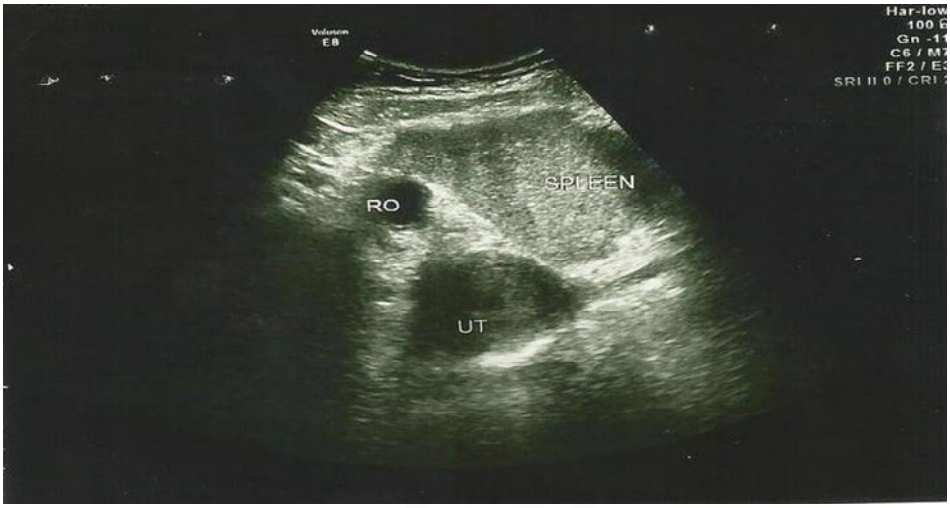

Figure 1

Ultrasound Pelvis showing spleen