Watchful Waiting for Large Primary Splenic Cysts

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Introduction

- Non-parasitic primary splenic cysts (NPSCs) are typically diagnosed incidentally
- Management of large asymptomatic NPSCs is controversial
- Expert opinion advises to operate on asymptomatic NPSCs ≥ 5 cm
- **Our practice:** watchful waiting of large asymptomatic NPSCs

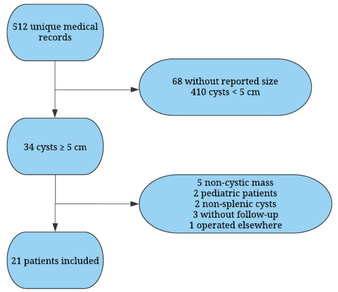
Study Objectives

To describe the natural history and outcomes of operative and non-operative management for large NPSC

Methods

- Retrospective review of all patients diagnosed with splenic cyst
- Between January 2004 – December 2019
- Patients with NPSCs ≥ 5 cm with at least 1 follow-up after diagnosis

Figure 1 – Flowchart of included/excluded patients



Results

Figure 2 – Flowchart of management of 8 symptomatic patients

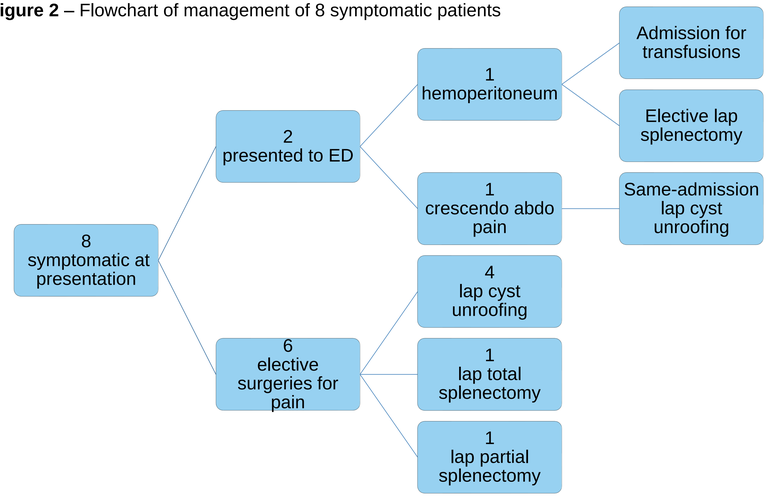


Figure 3 – Computed tomography scan of patient F's NPSC with a calcified wall

A) axial view measuring 11.88 x 10.26 cm



B) coronal view measuring 11.34 cm



Table 1 – Characteristics of 13 patients who were offered a watchful waiting approach

PATIENT	SEX	AGE AT DIAGNOSIS	INITIAL SIZE (cm)	SURGERY	LARGEST SIZE (cm)	FINAL SIZE (cm)	DURATION FU (mo)	CHANGE IN SIZE (cm)
A	F	74.2	5.7	N	5.7	5.7	10	0
B	F	66	4.9	N	5.1	5.1	64	0.2
C	F	64.6	5.1	N	6	5.8	110	0.7
D	F	63.7	8	N	8	8	33	0
E	F	30.9	5.4	N	9.5	5	138	-0.4
F	F	47	11	N	12.3	11.3	79	0.3
G	F	72.7	5	N	5	5	3	0
H	M	31.5	9	N	9.1	9.1	31	0.1
I	F	41.4	15.9	N	17	16	28	0.1
J	M	49.2	10.5	N	10.5	10.5	19	0
K	F	25.2	15	N	15.1	13.9	78	-1.1
L	F	51.8	11	Y*	11	11	2	0
M	M	38.1	8.8	Y*	9.4	9.4	16	0.6
Median	-	49.2	8.8	-	9.4	9.1	31	0
Q1, Q3	-	38.1, 63.7	5.4, 11	-	6, 11	5.7, 11	16, 78	0, 0.2

*Patients who requested surgery based on personal preference

- Median follow-up of 31 months (IQR 16-78) for large asymptomatic NPSCs
- No watchful-waiting patients became symptomatic
- No patients required emergency intervention

Conclusion

This small, retrospective study is one of the largest non-operative cases series evaluating non-operative management of large asymptomatic NPSCs and supports a watchful waiting approach.