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Wandering spleen , is it a myth ?

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Background

Wandering spleen is a rare condition resulting from the elongation or maldevelopment of the spleen's ligaments. It mainly affects children. Among adults, it is most commonly found in females of active reproductive age. It may present as an asymptomatic mass in the abdomen, or it may present with intermittent abdominal discomfort because of torsion and spontaneous detorsion of the spleen. We present the case of a 35-year-old female who presented by left hypochondrial pain and vomiting. The suspected diagnosis was confirmed by CT. Laparoscopic exploration showed an infarcted spleen , and laparoscopic splenectomy was performed.

Case report

A 35 yr old female patient presented by diffuse abdominal pain , mainly left hypochondrium , U/S showed displaced spleen lower than normal site and CT confirmed the diagnosis . Laparoscopic exploration showed partly infarcted spleen and long pedicle. Laparoscopic splenectomy was done and the postoperative follow up was uneventful. Histopathological examination showed infarctions.

Discussion

The clinical presentation of wandering spleen is variable; it is either asymptomatic or noted incidentally during physical and radiographic examination or presents as acute abdominal abdomen due to torsion with subsequent infarction. The most common presentation is a mass with non-specific abdominal symptoms or intermittent abdominal discomfort due to congestion resulting from torsion and spontaneous detorsion .

Splenic torsion may be acute or chronic. Acute torsion may mimic peritonitis, acute appendicitis, twisted ovarian cysts, or bowel obstruction. Chronic torsion may present as an abdominal mass, which may be located in any quadrant .

Multiple imaging modalities can be used to diagnose this condition. USG findings of a solid mobile mass, absence of the spleen from its normal location, and Doppler USG of the splenic vessels can be used to evaluate flow. A CT scan remains the investigation of choice and can demonstrate the organ's circulation and the viability of splenic parenchyma.

Splenectomy is indicated for infracted spleen and sometimes for huge splenomegaly precluding splenopexy. For all other cases, splenopexy is the treatment of choice.