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### **Post traumatic pseudocyst of spleen: A case report**

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#### **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 7<sup>th</sup> 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

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## 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 7<sup>th</sup> rib. Ultrasound abdomen revealed splenomegaly with mass arising from superior surface of spleen. CT scan suggestive of splenomegaly with splenic cyst of 15cm \* 12cm.

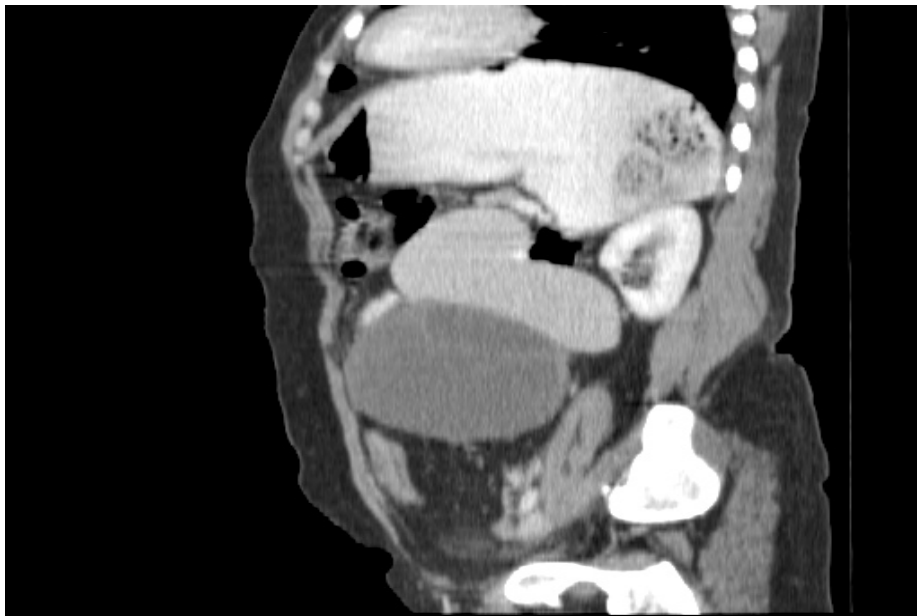


Figure 1 - CT scan saggital view of spleen with cyst.

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.

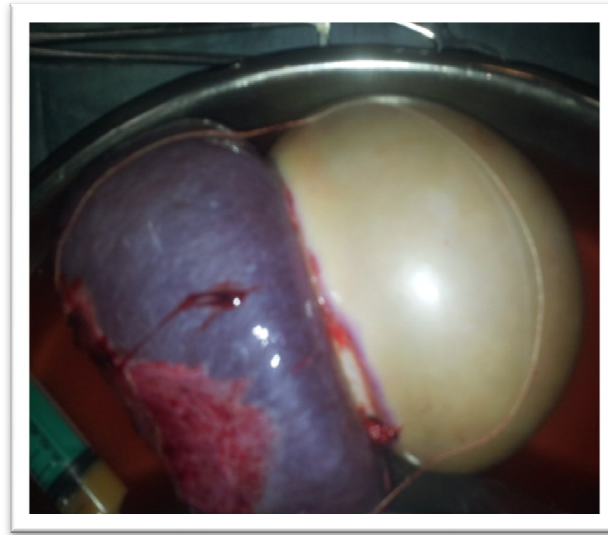


Figure 2 - Specimen of spleen with cyst.

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 these<sup>1</sup>. These are mostly post traumatic and reveals resolution of subcapsular hematoma. splenic cyst mostly occur in younger age groups and typically in females<sup>2</sup>.size varies from 2-16 cm. such large cyst are prone to rupture and may present with acute abdominal emergency secondary to hemoperitoneum and peritonitis<sup>3</sup>. there is substantial increase in number of such cases with substantial increase in road traffic accidents<sup>4</sup>.Post Traumatic cyst are asymptomatic in about 60% of cases<sup>5</sup>. 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.<sup>6</sup>Splenectomy 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.

## **REFERENCES**

1. Siniluoto TM Paivansalo MJ, Lahade ST, et al. Non parasitic splenic cysts: ultrasonographic feature of splenic cyst: ultrasonographic features and follow up. *Acta Radiol* 1994;35:44-51
2. Bulas D, Eichelberger M. Traumatic cyst of spleen and role of cystectomy and splenic preservation: experience with seven consecutive patients. *J Trauma* 1994;37(3):512-15.
3. Birmole BJ, Kulkarni BK, Vaydia MM, Borwankar SS. Splenic cyst. *J Postgrad Med* 1993;39:40-1
4. Balzan SM, Rienner CE, et al post traumatic splenic cyst and partial splenectomy. Report of a case *Surg TODAY*. 2001; 31(3): 252-5
5. Urrutia M, Mergo PJ, Ros LH, Cystic masses of spleen: Radiological – Pathological comparison. *Radiographics* 1996;16(1):107-29.
6. van der Zee DC, Kramer WL, Ure BM, Mokhaberi B, Bax NM. Laparoscopic management of a large posttraumatic splenic cyst in a child. *Surg Endosc* 1999;13(12):1241-2