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## CASE REPORT

# TORSION OF A WANDERING SPLEEN

Zahid Ahmad Hashmi, Dastageer Waheed, Sheikh Qais Falah  
Department of Surgery, Gomal Medical College, D.I.Khan, Pakistan

## ABSTRACT

A case of a 7 years old girl is described with acute abdomen due to torsion of a wandering spleen. Diagnosis was made on the basis of clinical findings and ultrasound abdomen. Laparotomy was performed and the infarcted spleen removed.

**Key words:** Wandering spleen, Torsion, Acute abdomen.

## INTRODUCTION

Wandering spleen is an uncommon clinical entity. It is most commonly diagnosed in young children<sup>1,2</sup> as well as women between the ages of 20 and 40.<sup>3</sup> The disease is very rare and fewer than 500 occurrences of the disease have been reported so far.<sup>1</sup>

Wandering spleen is characterized by a long pedicle and the absence or laxity of the normal ligamentous attachments of the spleen to the diaphragm, retroperitoneum and colon.<sup>4,6</sup> In this condition, spleen may be located in any region of the abdomen.

Majority of the cases of wandering spleen present as an acute abdomen due to splenic torsion and subsequent splenic infarction.<sup>7,8</sup>

## CASE REPORT

A 7 years old girl was admitted as an emergency with history of abdominal pain and vomiting for one day. Examination revealed a mass in central abdomen. There was tenderness over the mass. Mass was firm, smooth and mobile. Rest of the abdomen was soft.

Hematological and biochemical investigations were within normal limits. Ultrasound showed an enlarged ectopic spleen.

Laparotomy was undertaken after necessary preoperative measures including polyvalent pneumococcal vaccine, intravenous hydration and antibiotic. At operation, infarcted spleen was found. It was enlarged (14x11x5cm), mobile and was twisted on its long pedicle. Splenectomy was



Figure: Showing torsion of the wandering spleen.

done. Daily doses of penicillin were administered postoperatively. The patient was discharged on 8<sup>th</sup> postoperative day.

## DISCUSSION

Wandering spleen is also known as ectopic, displaced or aberrant spleen<sup>4</sup>. Wandering spleen may present in different ways. It may be found incidentally as a mass in the abdomen without causing any complaint. It may present with acute or chronic abdominal pain. The former is more likely and is due to torsion and splenic infarction. Other complications include gastrointestinal obstruction secondary to splenic adhesions or a long splenic pedicle, pancreatic necrosis, bleeding from gastric varices and abscess formation.<sup>9-13</sup>

In this case, there was acute abdomen. The diagnosis was suggested by the known splenic mobility and the finding of a tender spleen. This was supported by the ultrasound finding of an enlarged ectopic spleen. Duplex or Doppler ultrasound is a useful test in a case of torsion,<sup>4</sup> however, it was not used in our case. CT scan /MRI and liver spleen scans are also being used for diagnosis of wandering spleen.<sup>13-16</sup>

The definitive treatment of wandering spleen is surgical. Splenopexy is the preferred treatment for a non-infarcted wandering spleen.<sup>4,13</sup> Splenectomy should be done when there is no evidence of splenic blood flow after untwisting the splenic pedicle.<sup>4</sup> In our case, spleen was totally black due to infarction and splenectomy was done.

## CONCLUSION

Although torsion of a wandering spleen is an extremely rare clinical condition, it should be considered in the differential diagnosis of acute abdomen and one should intervene immediately to prevent splenic necrosis once diagnosis is made.

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### Address for Correspondence:

Dr. Sheikh Qais Falah  
Senior Registrar Surgery  
DHQ Teaching Hospital  
D.I.Khan, Pakistan  
E-mail: qaisfalah@hotmail.com