



A RARE CASE OF RECURRENT PSEUDOCYST OF SPLEEN

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ABSTRACT

Pseudocyst of the spleen is rare. It is found in <1% of cases . Pseudocyst of spleen mostly remain asymptomatic. They require exploration only in symptomatic cases. The chances for preservation of spleen in these cases are usually less. Here, we present a case of this rare entity presented with mass and pain abdomen. After thorough investigations, laparotomy and total splenectomy was done in this case. Histopathological examination revealed the absence of lining epithelium which is consistent with Pseudocyst. We report this case because it's a recurrent case of splenic cyst which was previously treated with cyst removal alone. Pre-operatively it is difficult to differentiate pseudocyst of the spleen from other types of cysts

KEYWORDS : Pseudocyst, Spleen, Trauma, Splenectomy.

INTRODUCTION:

In general cystic swelling of the spleen is rare clinical scenario. Cystic lesions of the spleen include benign cysts, neoplasms and abscess .Cysts of the spleen are classified as parasitic and non-parasitic.

Non-parasitic cysts divided as true cysts (primary) and pseudocyst (secondary). True cysts are lined by epithelial cover and include epidermoid cyst, epithelial or congenital cysts. In pseudocysts epithelial lining is absent . The diagnosis of splenic cysts have increased now a days, because the availability of computed tomography (CT)

Pseudocyst of spleen are mostly post traumatic with spontaneous resolution of splenic hematoma which was managed conservatively. Splenectomy is required in large pseudocyst that involve the splenic hilum and ruptured pseudocyst.Conservative methods of management are cyst aspirations, cyst wall deroofting and marsupialization, partial splenectomy which has considerable recurrence.

For the proper management it is important to distinguish pseudocyst of spleen from hydatid cysts. Splenic pseudocyst mostly remain asymptomatic and they require treatment only when become symptomatic. In general, when splenic cysts produce symptoms , treatment is done surgically by splenectomy or by splenic preservation .

Case report:

A 29 year old female presented with complaints of swelling in left upper quadrant of abdomen for 2months and dull aching pain over swelling for 1month.Clinical examination showed swelling left side occupying left hypochondrium, epigastrium and umbilical region size of 20×16 cm. Upper limit of swelling is not defined and swelling moves with respiration with firm consistency.

Patient had previous surgery of Laparoscopic cholecystectomy and splenic cystectomy in same setting in 2015.Histopathology report of splenic cyst showed features of Pseudocyst.

Now patient underwent CT of abdomen and pelvis showed massive splenomegaly of size 20 cm with hypodense cyst in spleen measuring 19x 14 cm



preoperative image of patient



Preoperative Ct image of abdomen

Patient was proceeded with Elective laparotomy Intraop findings are a huge unilocular splenic cyst of around 20x12 cm occupying two thirds of spleen and splenic parenchyma is present at upper pole size around 4x3 cm. Cyst fluid of around 1.5 liters aspirated after keeping saline pads around the spleen. Since it's a recurrent cyst and giant cyst proceeded for splenectomy. Wall thickness of cyst is 6mm.

Postoperative period was good. Pneumococcal, Meningococcal and Hemophilus influenza vaccination provided. Suture removal was done on 10 day.

Histopathology of cyst wall showed no epithelial lining present and cyst wall consists of fibro collagenous layer consistent with pseudocyst and no malignant cells was found in cyst.

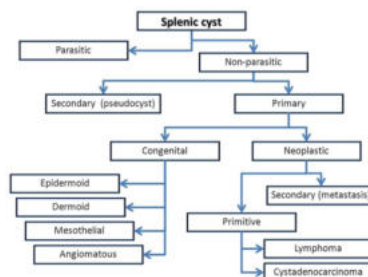


Intraoperative image showing the splenic cyst



DISCUSSION:

Splenic cyst is a rare condition .Cystic lesions of spleen are classified into Parasitic and Non parasitic cyst.



Pseudocyst mostly developed due to splenic trauma and results from splenic hematoma managed conservatively .Capsule of fibrous tissue that develops around the resolved subcapsular or intraparenchymal hematoma liquefies to form pseudocyst .

In our case the cyst may be probably the result of unrecognized trauma. Resolution and liquefaction of hematoma of remote or recent trauma is thought to be responsible for the origin of pseudocyst of the spleen, but also may be infectious or of degenerative origin . It is reported that hydatid disease as the most common cause of splenic cysts .

Patients with small splenic cysts are mostly asymptomatic or have minor non-specific symptoms . They are identified incidentally.

Large cysts cause vague pain and heaviness in the left hypochondrium because of capsular distension or they may present as palpable mass . Other symptoms secondary to pressure on surrounding organs like stomach include nausea, vomiting etc. Pressure in the cardio-respiratory system may cause pain or dyspnea and persistent cough. Occasional complications include infection, rupture or hemorrhage.

Surgery is primarily recommended for the prevention or treatment of complications of pseudocyst such as infection, hemorrhage or rupture, which may be life-threatening For many years, splenectomy has been the treatment of choice for splenic pseudocyst. Surgical approaches depend on the size of the cyst, the condition of splenic parenchyma and the anatomic proximity of the cyst .Splenectomy, partial splenectomy, aspiration, drainage, marsupialization and laparoscopic procedures are the surgical options for splenic pseudocyst

CONCLUSION:

Cyst aspirations ,Cyst deroofting and marsupialization provides high rates of recurrence. But with advantage of vaccination and antibiotic support we can go for total splenectomy which gives complete cure to the patients. Partial splenectomy can be used for small cyst and young patients.

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