SPONTANEOUS SPLENIC RUPTURE DUE TO PLASMODIUM FALCIPARUM-NONOPERATIVE MANAGEMENT

Introduction Spontaneous rupture of malarial spleen due to Plasmodium Falciparum is uncommon. It is most frequently associated with Plasmodium Vivax malaria. Material and methodsWe report the case of a 30-years old male transferred to our hospital from Clinical Hospital of Infectious and Tropical Diseases. He was admitted with the diagnosis of spontaneous splenic rupture and large haemoperitoneum. Because the hemodynamic stability we decided a nonoperative management and performed a proximal splenic angioembolization.ResultsThe evolution was uneventful and the patient was discharged on day 14th.ConcluziiRupture of the pathologic spleen do heal and attempt at splenic salvage should be the aim in management. A high index of suspicion of splenic rupture is imperative because delay in diagnosis may lead to catastrophic consequences.Keywords: malaria, spontaneous splenic rupture, nonoperative management, angioembolization.

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RUPTURA SPLENICA POSTCOLONOSCOPIE - ROLUL TRATAMENTULUI NONOPERATOR

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Introducere: Ruptura splenica dupa colonoscopie reprezinta o complicatie rara dar potential fatala. Primul caz a fost publicat in anul 1974 de catre Wherry si Zehner. Incidenta acestei complicatii este de 0.00005-0.017 % cu o mortalitate de 7.4 %. In mod frecvent (64.4%) tratamentul optim este reprezentat de splenectomie.Metoda: Este relatat un caz de ruptura splenica postcolonoscopie la un barbat de 65 ani, care s-a prezentat la camera de garda la 4 zile dupa efectuarea unei colonoscopii de screening, colonoscopie fara incidente. Pacientul a prezentat durere abdominala moderata debutata la 4 ore dupa colonoscopie; in evolutie durerea a devenit intensa, generalizata. A negat orice fel de traumatism abdominal. CT abdomino-pelvina cu substanta de contrast iv a evidentiat o ruptura splenica polara inferioara grad II, hematom subcapsular fisurat, hematom perisplenic si hemoperitoneu mic, fara semne de sangerare activa. Stabilitatea hemodinamica si gradul rupturii splenice a mandatat tratamentul nonoperator cu rezultate favorabile.Concluzii: Pana in anul 2009 au fost publcate 67 de cazuri de rupturi splenice secundare colonoscopiei; este posibil ca aceasta sa fie al 68-lea caz raportat. Diagnosticul este frecvent intarziat. Principalele mecanisme de producere sunt reprezentate de tractiunea excesiva asupra ligamentului spleno-colic sau sindromul aderential supramezocolic prezent.Diagnosticul de ruptura splenica postcolonoscopie trebuie avut in vedere la orice pacient care, dupa o procedura de endoscopie digestiva inferioara prezinta dureri abdominale asociate cu scaderea valorilor hemoglobinei in absenta hematocheziei. Echipa medicala (medicina de urgenta, gastroenterologie, chirurgie) trebuie sa aiba in vedere aceasta complicatie potential fatala.Cuvinte cheie: colonoscopie, ruptura splenica, tratament nonoperator.

SPLENIC RUPTURE AFTER COLONOSCOPY TREATED BY NONOPERATIVE MANAGEMENT

Background: Splenic injury is a rare and potentially fatal complication of colonoscopy. It was first reported in 1974 by Wherry and Zehner. The incidence of this complication is around 0.00005-0.017 with a mortality rate about 7.4 %. Frequently, the usual treatment is represented by splenectomy. Method: We report a case of splenic rupture following splenectomy. A 65-years-old Caucasian male was presented to the emergency department 4 days after an uncomplicated screening colonoscopy. He reported poorly abdominal pain that started 4 hours after the procedure; in evolution the pain had become more severe. He denied any abdominal trauma. Clinical abdominal examination revealed diffuse rebound tenderness; a rectal examination was normal. Computed tomography of the abdomen and pelvis with intravenous contrast media revealed a grade 2 splenic rupture (OIS-AAST) lower pole, a ruptured subcapsular hematoma, perisplenic hematoma and small haemoperitoneum without active bleeding. Because of hemodynamic stability and his grade 2 splenic rupture a nonoperative approach was elected with good outcome. Conclusion: Until 2009, 67 cases of splenic rupture following colonoscopy were published; it is possible our case to be the 68th. The diagnosis is frequently delayed. Excessive traction on the splenocolic attachment or on preexisting adhesions represent the essential mechanism of injury. The diagnosis of splenic rupture should be considered in any patient presenting abdominal pain after a colonoscopic procedure and declining hemoglobin levels in the absence of hematochezia. In many cases the surgical treatment is the modality of choice. The medical staff (primary care physicians, gastroenterologists, surgeons) need to be aware of this potentially life threatening complication.Keywords: colonoscopy, splenic injury, nonoperative management.