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Case Report

RARE CASE OF SPLEENIC ABSCESS; A SINGLE INSTITUTIONAL STUDY WITH REVIEW OF LITERATURE

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ABSTRACT

Splenic abscess is an uncommon clinical entity and in asymptomatic patients may be revealed in autopsy studies. Splenic abscesses generally occur in patient with neoplasia, immunodeficiency, trauma, metastatic infection, splenic infarct or diabetics. The incidence of Splenic abscesses thought to be growing due to the increasing no of immunocompromised patients. We present a rare case of splenic abscess. Out of 30 Patients who presented with left hypochondriac pain this single patient had a Splenic abscess documented on CT Scan.

Keywords: Abscess, Splenic, Hypochondriac, Colic, Splenectomy.

Case Report

This 36 year old presented with a dragging sensation or simply abdominal pain in left upper abdomen for last six months. There was no associated Pyrexia or any other complaint. He was normotensive, euglycemic and euthyroid. With recurrent complaints of a dull abdominal pain previous ultrasound done earlier had revealed no abnormality. The scan done after a long interval revealed a lesion in spleen. The Splenic abscess was drained and heavy antibiotic cover given. The patient recovered with full recovery and was followed up.

Text

The spleen is a hemolymphatic organ¹ and lies obliquely along the long axis of 10th rib. It lies mainly in left hypochondrium but the posterior end extends into epigastrium. It is directed downwards, forwards and laterally. The average size and weight of spleen is 01 inch thick, 03 inches broad, 05 inches long, and 07 ounces in weight and lying along 9th, 10th and 11th Ribs. The ends of spleen are the anterior end which is expanded, directed downwards and forwards and the Posterior end which is rounded, directed upwards, backwards and medially. The Surfaces are the Diaphragmatic surface which is convex and the Visceral surface which is concave and has Gastric impression: for fundus of stomach, Renal impression:

for left kidney, Colic impression: for splenic flexure of colon, Pancreatic impression: for tail of pancreas. The hilum transmits splenic vessels and nerves. It provides attachment to gastrosplenic and lienorenal ligaments. The spleen has the functions of Haemopoieses² which is important during fetal life and Immune responses under antigenic stimulation increased lymphopoiesis occurs in spleen with added function of Phagocytosis by the reticular cells, free macrophages and endothelial cells. They remove cell debris and old RBCs and other blood cells and micro-organisms⁴.

Splenic abscess are relatively uncommon and usually results from bacteremia associated with a primary septic focus or from a secondary infection in an area of the spleen damaged by infarction (sickle cell anemia or leukemia), trauma, or parasitic infestation. Higher rates of Splenic abscesses are seen in patients with immunocompromised states or non immunopotent states like certain neoplasia, Congenital or Acquired immunodeficiency, HIV patients, Patients on Steroids, trauma, metastatic infection, Splenic infarct or diabetics³.

As the spleen lies in the left upper quadrant of abdomen, the Clinical features of splenic abscess are those of left subphrenic suppuration and may include fever, chills, left upper quadrant tenderness, and often splenomegaly.

Microbiology studies reveal streptococci, *E. Coli*, *klibesella*, *salmonella* as well as *mycobacterium tuberculosis* to be causative organisms^{5,6}.

Imaging techniques (ultrasonography and radionuclide and CT scans) are useful in differentiating splenic abscess from left subphrenic abscess and in determining whether there is a single abscess or multiple abscesses within the spleen.

Splenectomy has been the preferred treatment for most patients in the past and remains a standard means of safe and rapid management. Splenotomy and abscess drainage may be advisable for selected patients with a single abscess and extensive adhesions between the spleen and adjacent structures. Image-guided percutaneous drainage may be appropriate in the management of some patients with splenic abscess. Percutaneous drainage is most likely to be successful⁷⁻⁹, if the abscess is uni locular and if the abscess contents are amenable to complete evacuation by an in-dwelling suction catheter.

CONCLUSION

Splenic abscesses are rare but a thorough investigation is needed in case of any patient with left hypochondriac tenderness.

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Figure 1: CT Scan Demonstrating Splenic Abscess



Figure 2: CT Scan Demonstrating Splenic Abscess

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