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Torsion of a Wandering Spleen

REPORT OF A CASE

BY

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The acute abdomen in the African is full of the unexpected, and any surgeon attacking the abdomen must be prepared for whatever he finds. This is especially difficult for the district government medical officers in the more isolated stations, where no ancillary services are at hand and no second opinion can be sought.

The case reported here is one of torsion of a wandering spleen which was found lying in the right iliac fossa and pelvis adjacent to the uterus and right fallopian tube.

Dr. F. Morley-Smith, the government medical officer, Mtoko, writes as follows:—

“African female Jeanette Chinzara, of Mtoko, was an unmarried girl of 16-17 years. She was strong-looking and well nourished. She was admitted to Mtoko clinic on 1st March, 1957, having been brought in from Mkota reserve by the local tsetse fly ranger in the back of his Land Rover. Although she normally lives in the village of Mtoko, she had been to stay with her mother in the Mkota reserve—approximately 60 miles from Mtoko—when she was suddenly seized with severe abdominal pain.

“On admission she was too ill to give any history. The mother stated that the girl had been suffering from abdominal pain situated in the right iliac fossa for two days. On examination, the respirations were very rapid and shallow, the pulse 150 and almost imperceptible. The temperature was 97° F. The mucous membranes were a good colour. No abnormality was found in the chest or cardio vascular system. There was a fullness in the upper part of the right iliac fossa, and on palpation of the abdomen acute tenderness and very marked guarding were elicited. A provisional diagnosis of acute appendicitis with rupture with pelvic peritonitis was made and it was decided to perform a laparotomy at once.

“*Operation.*—Open ether anaesthesia administered by an African orderly was used. The abdomen was opened through a lower right paramedian incision. The peritoneal cavity contained a quantity of blood-stained fluid. Then a firm, bluish-black, freely mobile tumour made

its appearance. The original abdominal incision had to be extended upwards before the tumour could be delivered. It was then found to be the spleen, having attached to its under surface a pedicle containing the splenic vessels. There was also a strong attachment of mesentery to it from the transverse colon. The spleen was lying in the abdominal cavity to the right of the umbilicus and with its lower pole lying in the right iliac fossa in direct contact to the uterus and right fallopian tube. The pedicle containing the splenic vessels was found also to contain pancreas and to be twisted several times. It was 6 inches in length and the twists occurred 2½ inches from the spleen. This pedicle passed from the spleen to the root of the mesentery of the small intestine, where it took in part of the pancreas and ended up along the greater curvature of the stomach. Coils of small intestine were found to be rather hyperaemic and dilated, but there were no signs of gangrene. Accordingly, the pedicle of the spleen was ligated and cut. The attachment of the mesentery to the spleen was also severed. Examination of the interior of the right iliac fossa showed the caecum to be very much bound down with adhesions and the appendix to be behind the caecum, but revealing no evidence of recent inflammation. The right fallopian tube was bluish-black in colour and there was a considerable amount of plastic peritonitis on it and on the uterus. A portion of the right fallopian tube was removed. A drain was inserted and the wound closed. The patient stood the operation well, but four hours later, whilst I was away on a call, she suddenly collapsed and died.

“The specimen of spleen was 6 inches long and 3½ inches in breadth.”

Dr. H. D. Ross reported on the splenic specimen as follows:—

“Specimen consists of a slightly enlarged spleen with apparently indurated elongated portion of adherent omental-type tissue. The pedicle appears to have suffered torsion and its vessels are thrombosed, the cut surface of the spleen showing that some two-thirds to four-fifths of the pulp is infarcted. (Sections as follows: one of thrombus in splenic pedicle, one of edge of infarct near pedicle and one of adherence of omentum to infarcted area opposite the pedicle.) Approximate fixed weight of specimen is 18 oz. Section of the splenic pedicle reveals a fairly recent thrombus. The portion of omentum attached to the surface of the spleen shows much diffuse inflammatory exudate and it is felt that this attachment of the omentum

to the spleen preceded and possibly contributed to the torsion of the splenic pedicle with consequent infarction. A point of incidental interest is the finding of an adult schistosome in a venous sinus in the omental tag."

Post mortem examination, also performed by Dr. F. Morley Smith:—

Abdominal Cavity.—A little bloodstained fluid was present in the peritoneal cavity. The pedicle of the spleen 5 inches in length securely ligated and containing splenic vessels and pancreas. The vessels from the spleen ran on to the greater curvature of the stomach. The small intestine was dilated and hyperaemic. A plastic peritonitis was present around the caecum, left fallopian tube and uterus. The uterus was small and contained products of menstruation. The lungs and heart showed no abnormality and the liver was healthy in appearance.

The tissue of the pancreas appeared healthy. The kidneys were normal. The left suprarenal gland seemed rather haemorrhagic.

DISCUSSION

As a student one learns of the seventeen odd causes of pain in the right iliac fossa for examination purposes. Now Dr. Morley Smith sends

in the report of his case and adds yet another for the students of to-morrow. It is interesting to note how this case presented as an acute appendicitis, but was tackled through a wise paramedian incision. There is no record of a twisted spleen presenting as such. Aird in his textbook does not mention it and only quotes Sheppard (1943), who reported a case of twisted spleen because it simulated an intestinal obstruction—and he only reported this because no reference could be found to such a set of circumstances. Sheppard quotes Abel's paper in 1933; and Bohler, quoted by Abel, reported 20 cases of torsion of the spleen collected from the literature, all of which presented as a mass in the left hypochondrium and sudden onset of pain and vomiting and malaise.

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