

MEETING ABSTRACT

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Laparoscopic splenectomy in an elderly patient with splenic lymphoma and splenomegaly

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Background

Lymphomas represent a group of complex neoplastic diseases, characterized by hyperplasia and colonization of neoplastic lymphoid cells (T or B).

The aim of this study was to evaluate the result of laparoscopic surgery for the treatment of a splenic lymphoma with splenomegaly in an elderly patient.

Materials and methods

Patient of 69 years, lipothymia and anemia, Hb 11,2 gr/dl, leukocytis 7780/dl (neutrophilis 21,4%, lymphocytis 68,9%) PLTs 81000/dl, VES 34 mm/h (n.v. 2 -28).

Abdomen ultrasonography: spleen increased in volume (bipolar diameter 21,8 cm), bright liver. TC abdomen: spleen increased of volume, with inferior pole in Douglas.

Medullar biopsy: NH lymphoma B-cell.

Patient was candidate to undergo to laparoscopic splenectomy.

Laparoscopy with open technique. Section of gastric breves vessels, closure of splenic artery. Section of freno-colic and freno-lienal ligaments, section of parietal peritoneum near the spleen.

Section of splenic vessels on the inferior pole and section of the grande omento. Section of splenic vein with vascular EndoGia. Legature with titanium clips and section of splenic artery. Lymph-nodes of splenic ilo are removed en-bloc with the spleen. Liver biopsy. Umbilicus-pubic laparotomy to take the specimen.

Results

There were no intra- and post-operative complications and the patient resumed oral food intake on the 8th day. The definitive histological exam showed: spleen of abnormal size (diameters cm. 30x24x9, weight gr 2063),

12 lymph-nodes. NH B-cell lymphoma, mantle cell (liver, splenic, lymphonodal localization). (Figure 1)

Conclusions

Laparoscopic surgery in elderly patients reduces post-operative pain, length of ileum and cardiopulmonary



Figure 1

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post-operative deficit [1-3]. In laparoscopic surgery the post-operative immune response is less reduced compared to open surgery, because of minor surgical stress and because fewer blood transfusions are required, above all in patients with lymphoma who have to undergo to a splenectomy with a higher risk of post-operative infections (*Neisseria Meningitidis*, *Streptococcus Pneumoniae*) [2-4].

In haematological disease, laparoscopic surgery is also very useful in order to have a diagnosis, with less post-operative complication than open surgery and, predominantly in very big size spleens, reduce the probability of spleen trauma during operation [3,4].

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