Clinical Case Reports

Open Access

CLINICAL IMAGE

Wandering spleen: a potential abdominal catastrophe

Anthony McBrearty, Etain McGuinness & Adrian Neill

General Surgery,Daisy Hill Hospital,5 Hospital Road,Newry, BT35 8DR, U.K.

Correspondence
Anthony McBrearty, General Surgery, Daisy Hill Hospital, 5 Hospital Road, Newry BT35 8DR, U.K. Tel: 44 07883211590; E-mail: anthonymcbrearty@doctors.org.uk

Funding Information
No funding information provided.

Received: 22 May 2013; Revised: 17 July 2013; Accepted: 28 July 2013

Clinical Case Reports **2013; 1(1): 42–43**

doi: 10.1002/ccr3.9

Key Clinical Message

We describe the case of a wandering spleen complicated by volvulus and demonstrate the role of radiology and urgent intervention in managing this rare but potentially fatal condition.

Keywords

Gastroenterology, general surgery, hepatology

Synopsis

A 41-year old woman presented with epigastric pain. On examination, there was generalized abdominal tenderness but no peritonism. Routine blood investigations were normal. Plain abdominal and erect chest X-rays were unremarkable. CT of the abdomen was requested (Fig. 1).

Question

What is the diagnosis?

Diagnosis

Splenic volvulus due to wandering spleen.

Explanation

Failure of development or laxity in the lienogastric, lienorenal and phrenicocolic ligaments can result in a hypermobile spleen attached only by an elongated vascular pedicle [1,2]. This allows the spleen to migrate to any part of the abdomen or pelvis. Other causes may include splenomegaly, trauma and pregnancy [1–3]. Clinical

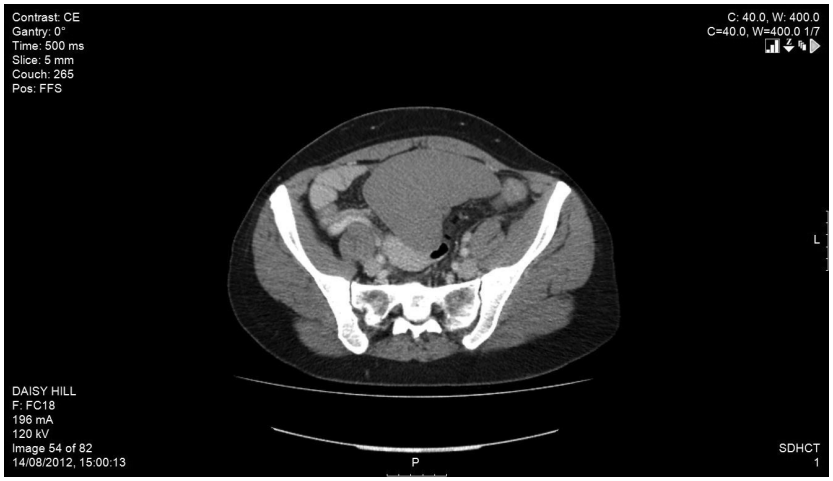

Figure 1. CT showing the abnormal location of an infarcted spleen within the pelvis.

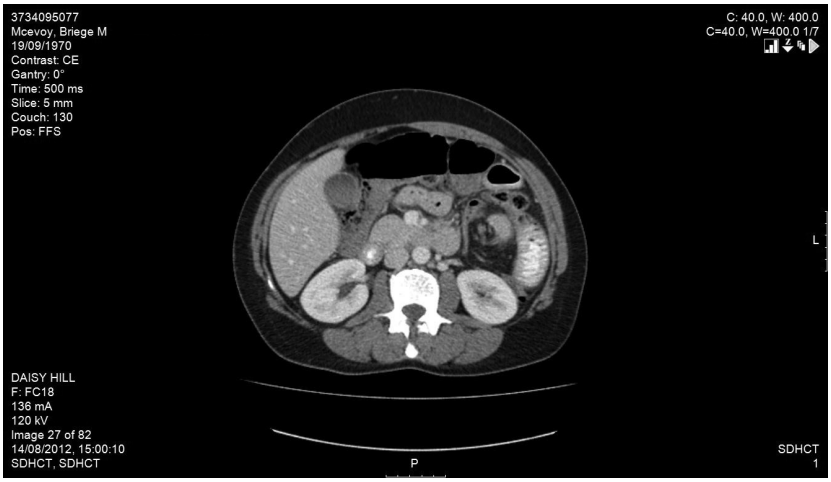

Figure 2. CT showing swirling of the vascular pedicle in keeping with splenic volvulus.

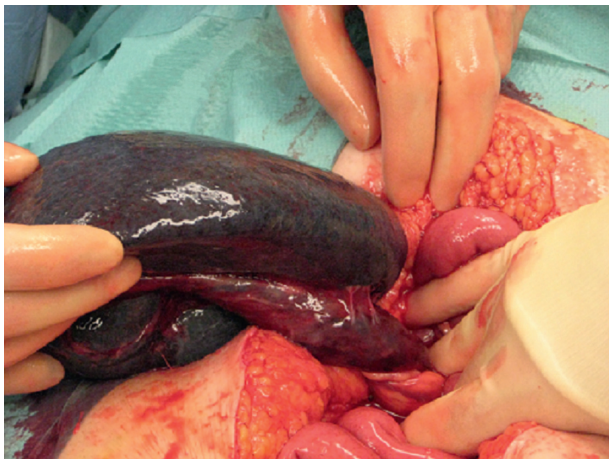

Figure 3. Intraoperative picture taken at laparotomy showing an infarcted spleen and twisted vascular pedicle, in keeping with splenic volvulus.

presentation ranges from an incidental finding to abdominal catastrophe. Torsion with subsequent venous occlusion leads to splenic infarction. Computerized tomography will allow visualization of the spleen and location of the pancreas (Fig. 2). Laparoscopy with distortion maneuvers and splenopexia may be possible if diagnosis and intervention are performed early (Fig. 3), however, splenectomy is usually required [1–3].

References

1. Sheflen, J. R., M. L. Chung, and K. A. Kretchmar. 1984. Torsion of the wandering spleen and distal pancreas. Am. J. Roentgenol. 142:100–101.
2. Hiham, E., L. Jihane, and L. Abdellatif. 2010. Torsion of a wandering spleen. Saudi J. Gastroenterol. 16:288–291.
3. Granel, B., J. Serratrice, and J. Bartoli. 2003. Splenic volvulus in a young woman. Am. J. Med. 114:422.

