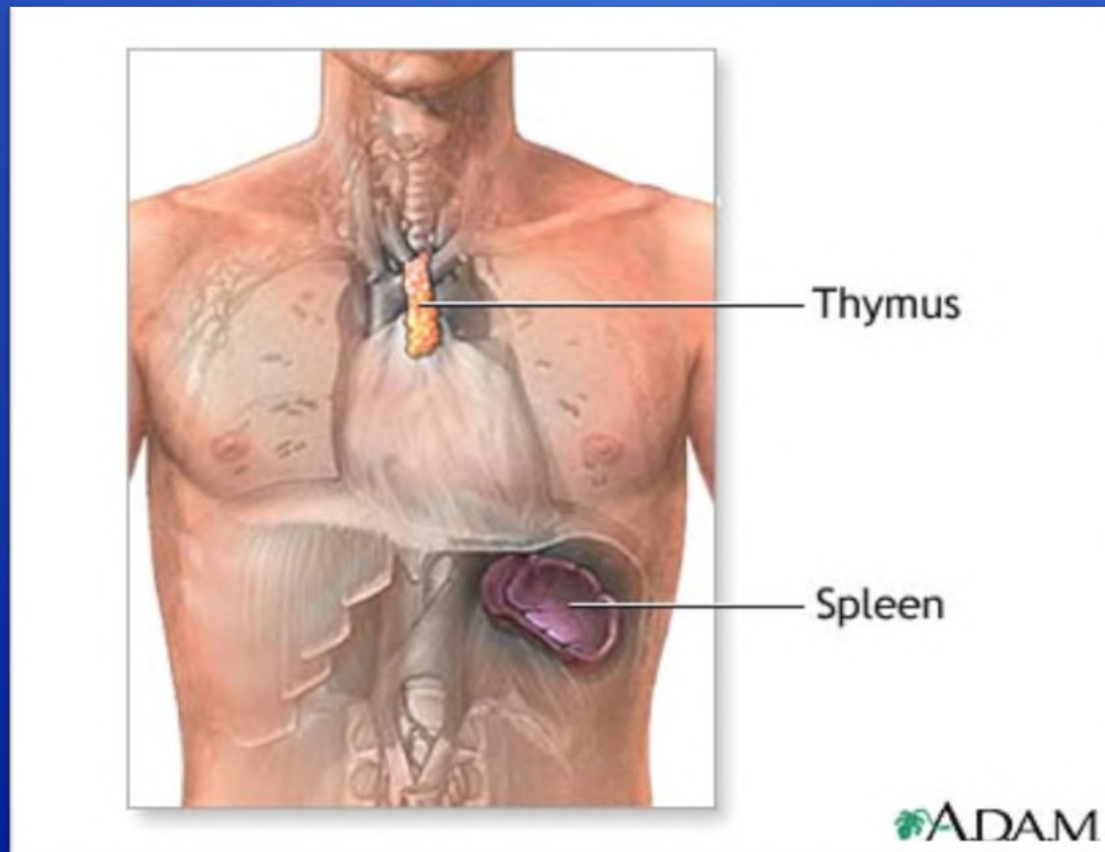


Spleen



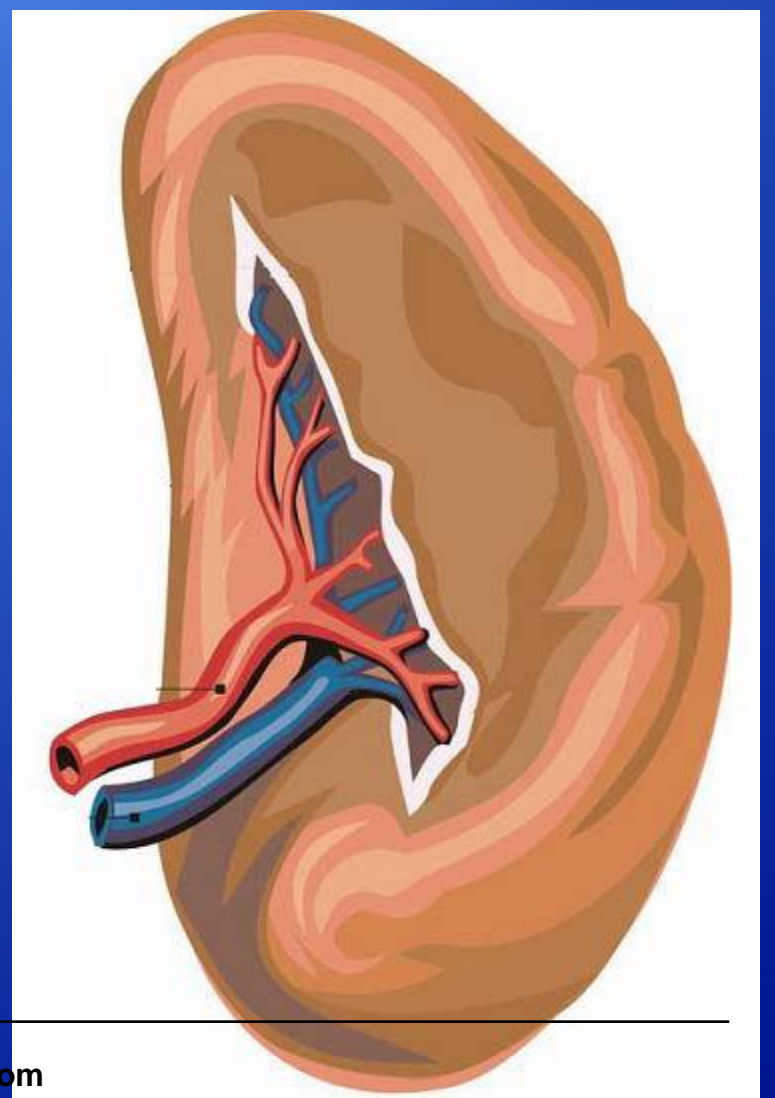
Lien(l)
Splén (g)



Definition



- A large, highly vascular lymphoid organ .
- It is the largest of the ductless glands,
- Its soft, and dark purplish color.



Anatomy



Shape – Wedge (Tetrahedral)

Location- Lt. Hypochondrium partly epigastrium

Wedged between the gastric Fundus and the diaphragm,

lies beneath the 9th to 12th ribs,

The hilum sits in the angle between stomach and the kidney and is in contact with the tail of the pancreas



- Size & weight – markedly variable
- Normally – not palpable
- Harri's Dictum
- Its related to the odd numbers 1,3,5,7,9,11,
- Thick , Broad, length, weight & relation.



- **Position- Axis of spleen**

lies obliquely along the long axis of the 10th rib.

Directed- downwards, forwards & laterally. (45*)

External features-

Two ends, Three borders & Two surfaces.



- **Peritoneal Relations-**

- Surrounded by peritoneum & suspended by following ligaments-

- Gastrosplenic ligament- short gastric vessels, lymphatics & symp. N.

- Lienorenal ligament- tail of pancreas, splenic vessels,
- pancreaticosplenic lymph nodes
- phrenicocolic ligament – supports only.

- **Visceral relations-**

visceral & diaphragmatic surface- costodiaphragmatic recess of pleura, lung, & 9,10,11th ribs of left side.

Blood Supply



- **Arteries :**

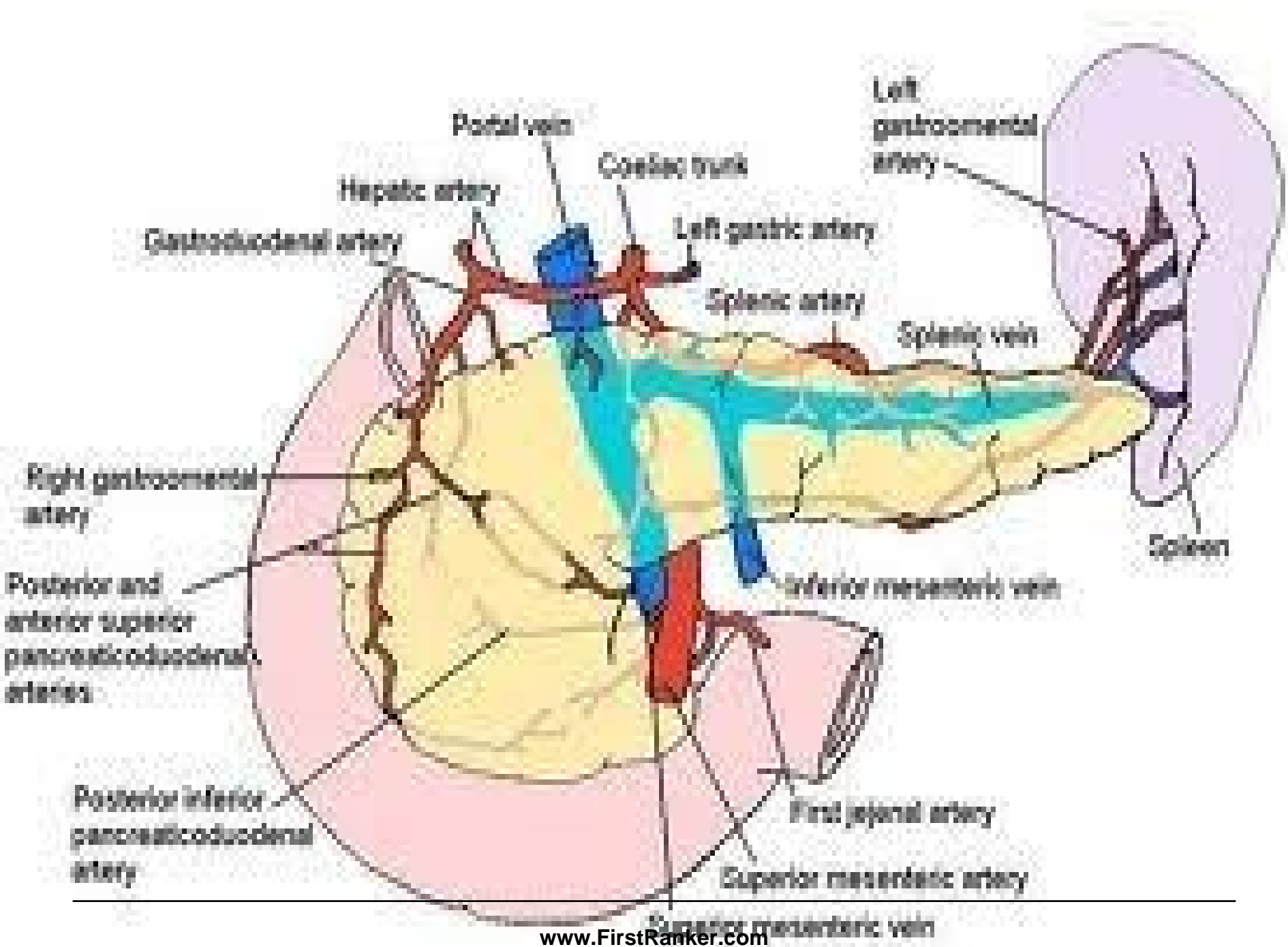
The splenic artery which is the largest branch of the celiac artery

- **Veins :**

The splenic vein which joins the superior mesenteric vein to form the portal vein

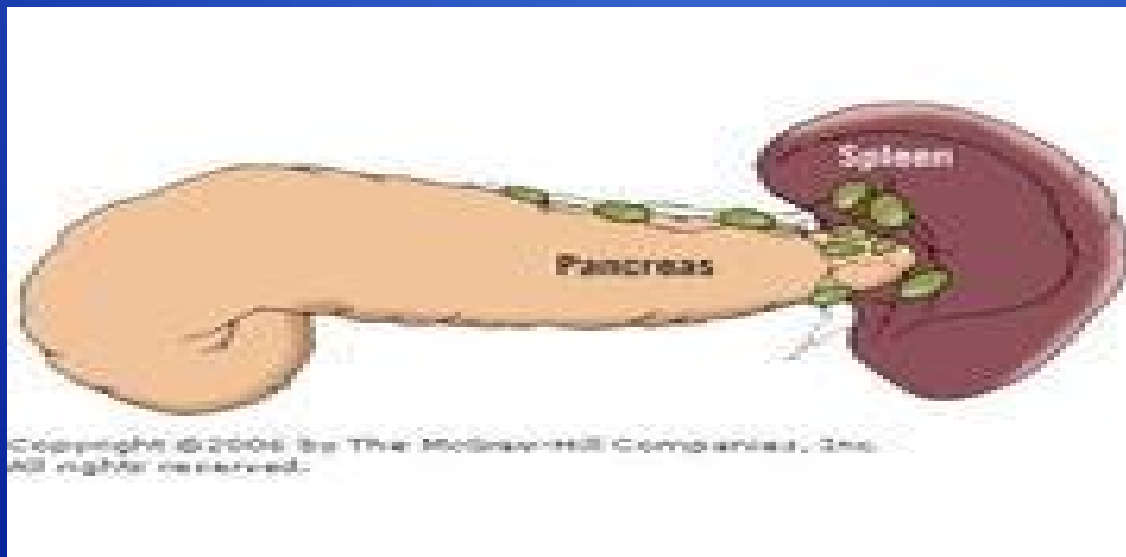
- **Lymph drainage :**

The lymph vessels emerge from the hilum and drain into the celiac nodes .





- **Lymph drainage :**
The lymph vessels emerge from the hilum and drain into the celiac nodes .



Nerve Supply- sympathetic fibres are derived from the coeliac plexus, vasomotor in nature.

Functions of the spleen



Immune
function

- the spleen processes foreign antigen
- Make bacteria and fungi more susceptible to phagocytosis.
- Macrophages capture cellular and noncellular material from the blood and plasma includes bacteria, especially pneumococci

Filter function

culling

- Removal of effete, platelets and red cells
- removing the inclusions from red cells and returning the repaired red cell to the circulation

Pitting

Pooling

- up to 30—40 per cent of blood platelets are sequestered within the spleen.
- removal of iron from ingested degraded haemoglobin during red cell culling and return the iron to the plasma.

iron reutilisation



- **PALPATION OF THE SPLEEN**
- **SPLENOMEGALY**
- **SPLENECTOMY**
- **SPLENIC PUNCTURE**
- **SPLENIC INFARCTION- Kehr's sign.**



SPLENOMEGALY

What is splenomegaly ?



- Splenomegaly is an enlargement of the spleen beyond its normal size



Symptoms and signs

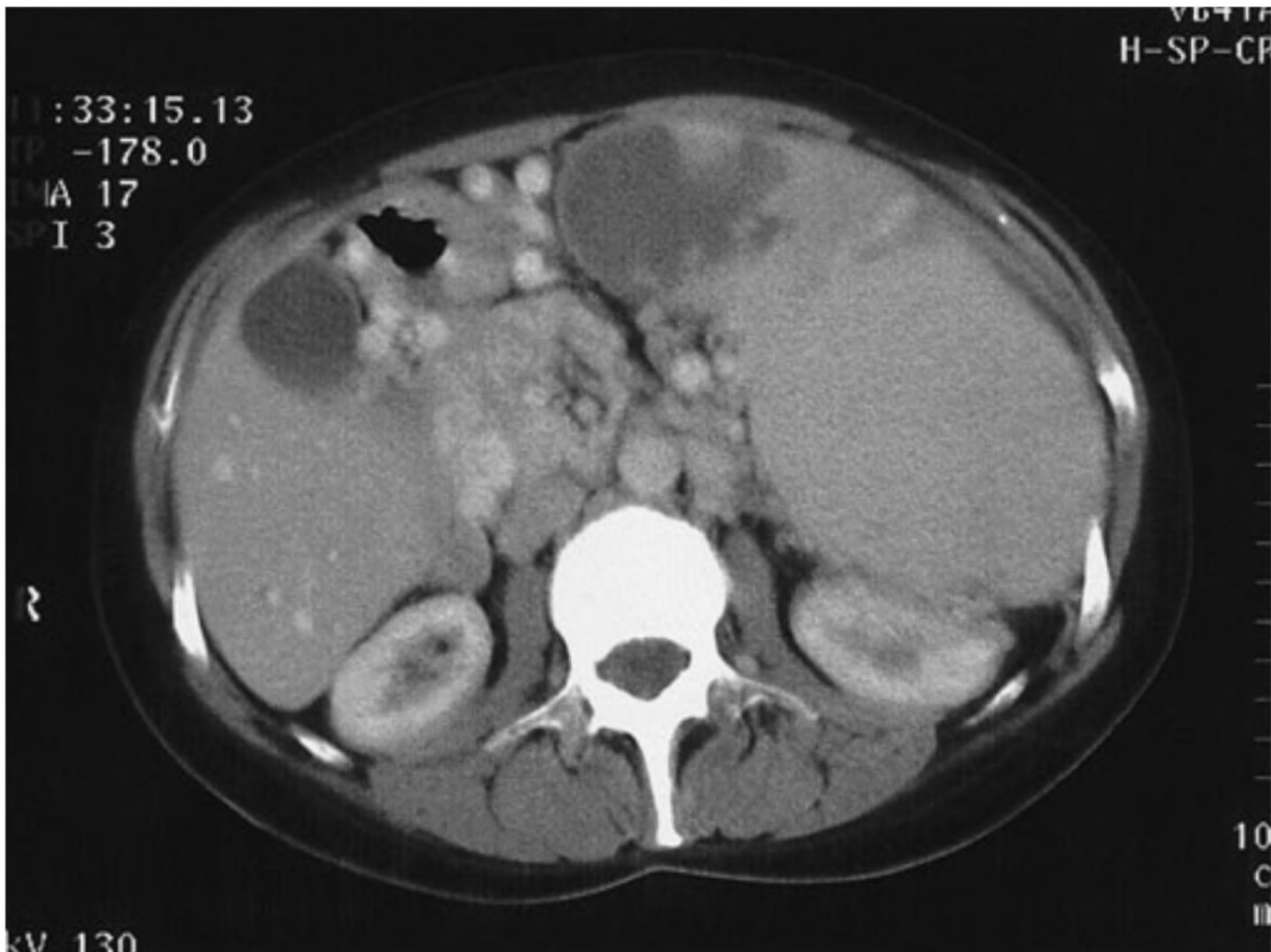


Symptoms:

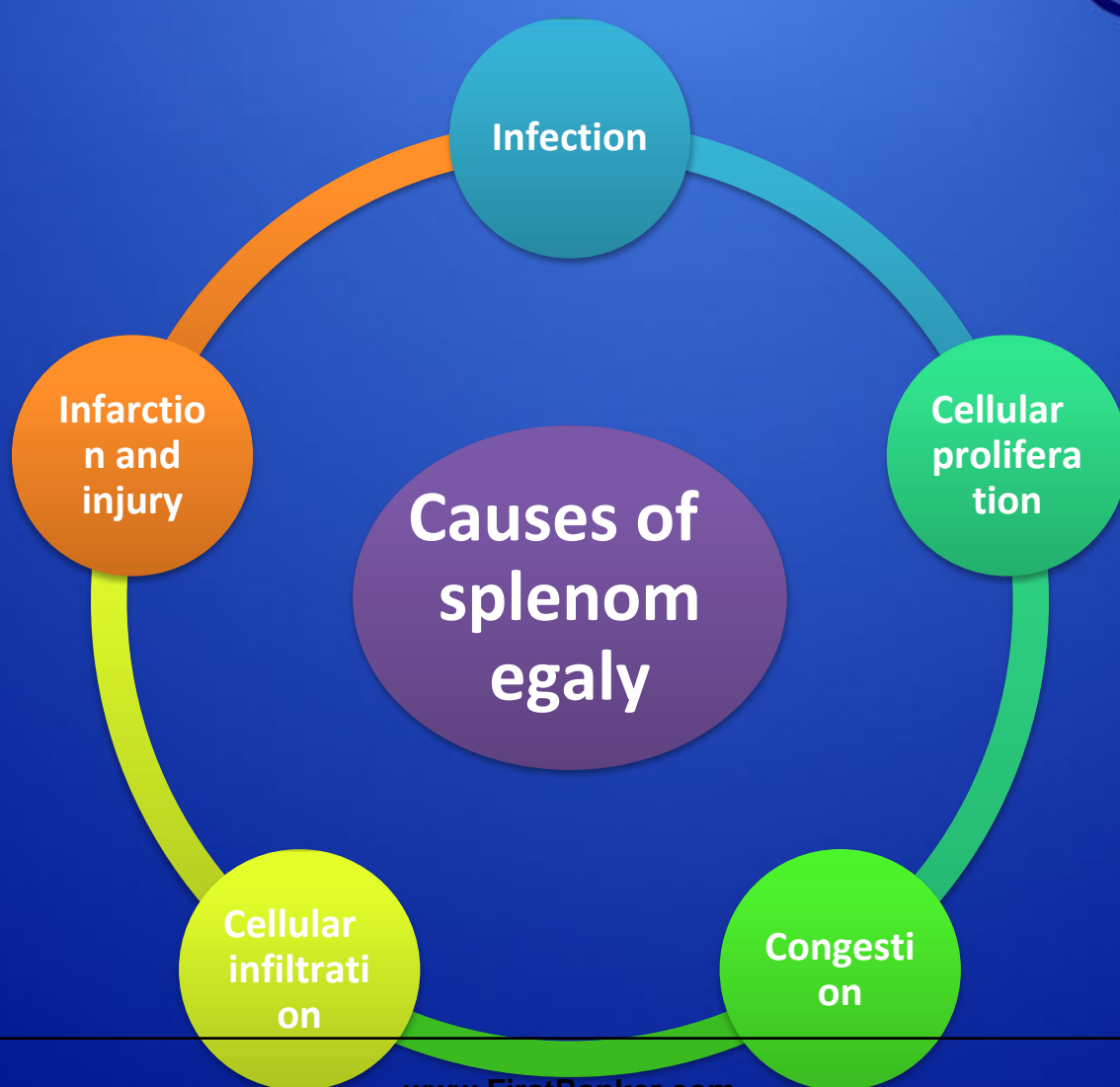
- Abdominal pain
- chest pain
- back pain

Signs:

- palpable left upper quadrant
- Abdominal mass



Causes of splenomegaly



1- Infection



2- Cellular Proliferation



Malignancies

- leukemia
- lymphoma

Anemia

- Spherocytosis
- Hemolytic
- Sarcoidosis
- Myelofibrosis
- pernicious

3- Congestion



Portal hypertension

Hepatic vein obstruction

Congestive heart failure

4- collagen disease :



Felty's
syndrome

Still's
syndrome

Felty's syndrome



- **Felty syndrome** is characterized by the combination of:
 1. rheumatoid arthritis
 2. splenomegaly
 3. Neutropenia

5-Infarction and Injury



- 1
 - Embolism from ; bacterial endocarditis , AF, MI
- 2
 - Splenic artery or vein thrombosis
- 3
 - Hematoma

Hypersplenism



- **Definition:**

Hypersplenism is a type of disorder which causes the spleen to rapidly and prematurely destroy blood

Types & causes



1ry
hypersplenism

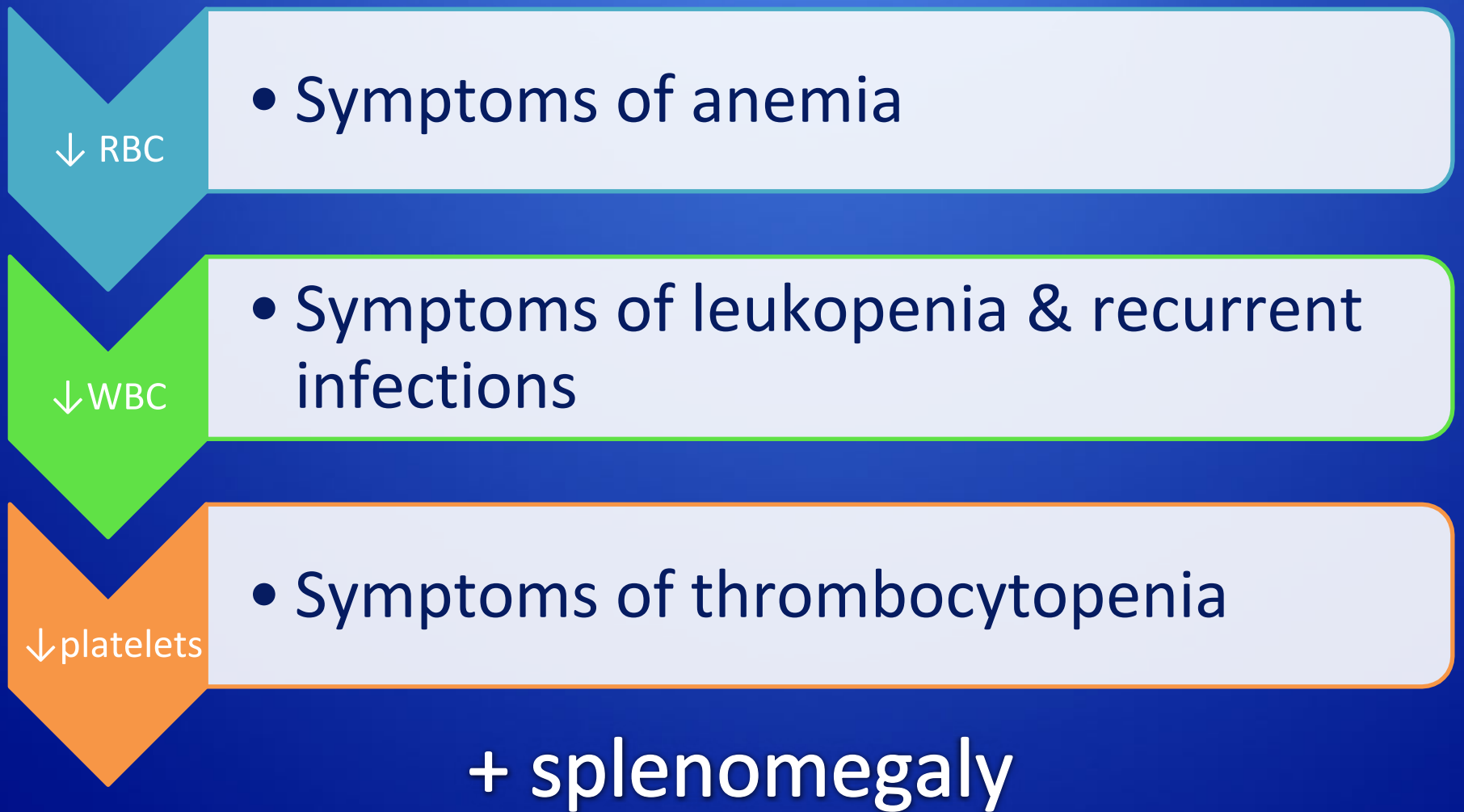
- The problem within the spleen itself.

2ry
hypersplenism

- chr. malaria
- TB
- Polycythemia vera
- Tumors.
- Portal hypertension

**Almost
always**

Symptoms & signs



Diagnosis & ttt



History taking

Clinical examination

Imaging studies

Laboratory investigation

Treat underlying dis.
splenectomy



SPLENECTOMY

Splenectomy



- **Definition:**

A splenectomy is the total or partial surgical removal of the spleen



Indication of Splenectomy



- **Trauma:**

A- accidental B- during surgical procedure of surrounding structures

- **As a part of other procedures:**

eg. Radical gastrectomy in gastric carcinoma. Total or distal pancreatectomy.



- **Hematological conditions:**

- **A- RBC:**

- - Hereditary spherocytosis
- - Thalassemia
- - SCA
- - Autoimmune hemolytic anemia (AIHA)

- **B- WBC:**

- - CML)
- - Lymphomamanagement

- **C- Platelets:**

- - Idiopathic thrombocytopaenic purpura (ITP)



- **Vascular conditions:**

- a- Splenic Artery Aneurysm
- b- Portal hypertension (only if there are symptomatic esophageal varices) which we called it segmental portal hypertension.

- **Tumors or Abscess:**

- primary tumors of the spleen
- Splenic Abscess(Both are rare conditions)
- Others: like cysts in spleen which could be congenital, degenerative or parasitic like in hydatid dis.



- **Remember that :**

There are two diseases for which a splenectomy is the only treatment—primary cancers of the spleen and hereditary spherocytosis (HS)

Pre Operative Preparation



1. VACCINATIONS

2. PLT Transfusion

3. Steroids



Special Pre-Op Preparations



In SCD:

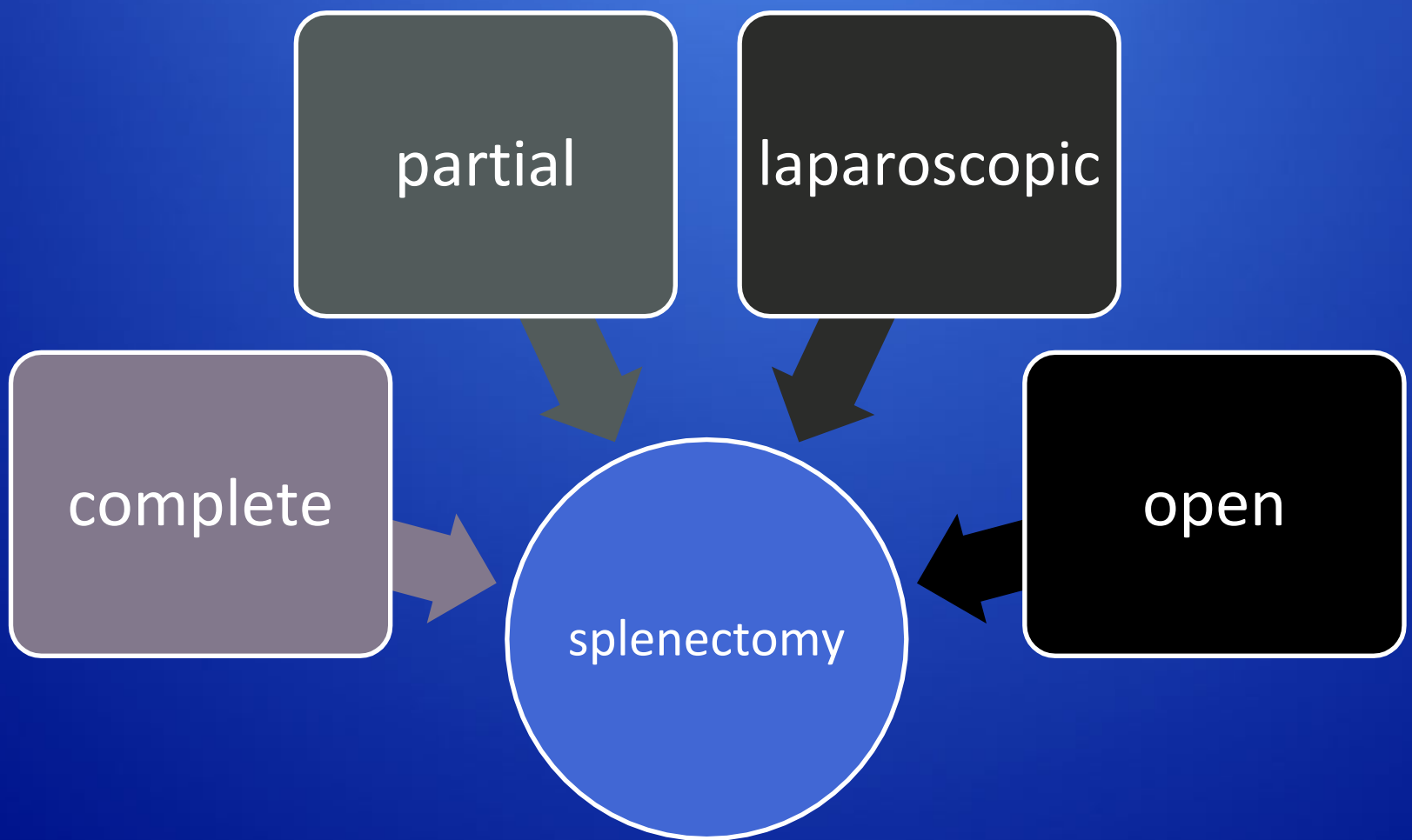
1 Prevention of hypoxia [O₂]

2 hydration

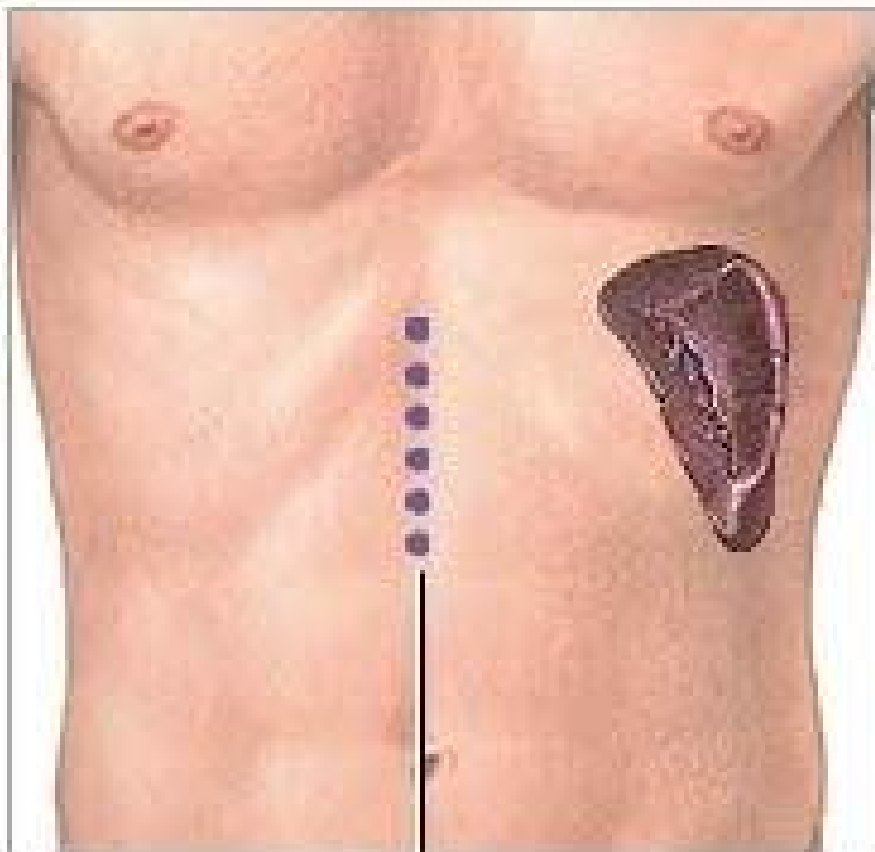
3 Antibiotics

4 Blood!!!!

Types

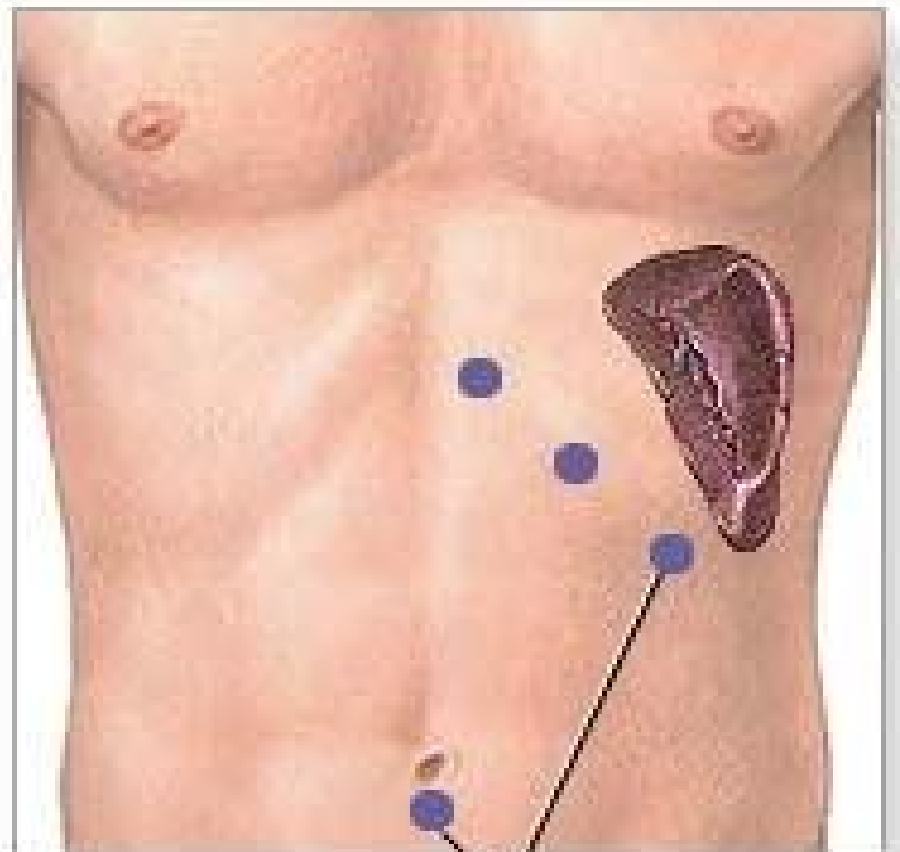


Open
splenectomy



Incision

Laparoscopic
splenectomy



Incisions

Laparoscopic splenectomy



- Removal through several small incisions.
- ↓ hospital stay.
- ↓ postoperative pain.
- ↓ risk of get infection
- Leave smaller scars.
- Remove only middle size enlarged spleen.

Complete splenectomy



Removal of enlarged spleen

- Performed under general anesthesia.
- One of the open surgery.
- Most common technique used if we have

Removal of ruptured spleen

- Common cause of rupture is accidental trauma.
- To avoid bleeding, we ties the splenic artery before removing the ruptured organ.

Partial splenectomy



- Removes only part.
- Useful to reduces pain caused by splenomegaly.
- The pt. is less vulnerable to infection.

Complications



Early
complications

Late complications

Postoperative complications



- Lung:

- Atelactasis
- Pleural effusion
- Subphrenic abscess

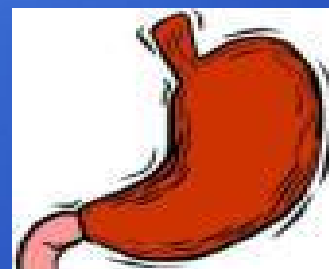


Postoperative complications



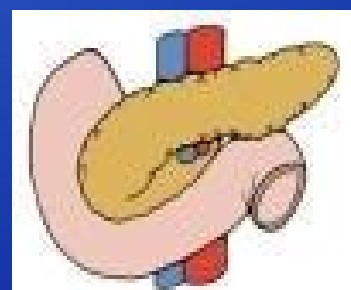
- Stomach

- Dilatation
- Perforation
- Fistula
- Haematemesis



- Pancreas

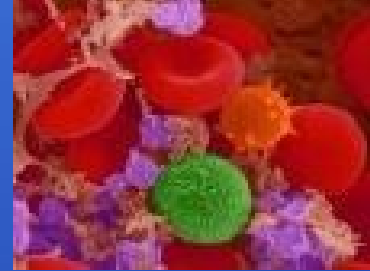
- Abscess
- Pancreatitis
- Fistula



Postoperative complications



- Haematological
increase in Plts
&WBC.
-



- Postsplenectomy
Septicaemia
D/T *H.inf
*St.pneum
*N.mening

