

CONGENITAL SPLENIC CYST PRESENTING AS SPLENIC ABSCESS

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INTRODUCTION

Congenital splenic cyst is a rare condition which comprises about 10% of the non parasitic lesions of the spleen.¹ Cystic lesions of the spleen can be parasitic or nonparasitic including congenital, post traumatic pseudocyst, abscess, haematoma, splenic infarct, cystic lymphoma, and lymphangioma.³ They can also be classified as true cysts or pseudocysts of the spleen and also congenital (primary) or acquired splenic cysts.^{9,8}

Ultrasound and CT scans have been the most useful investigations to diagnose splenic cysts. A variety of procedures have been proposed for the treatment of splenic cysts including percutaneous drainage, sclerosis, partial splenectomy and total splenectomy.^{9,10}

CASE REPORT

In April 1997, an 11 months old boy presented with pain abdomen, mass left upper abdomen and fever of one month duration. Physical examination of the child showed a firm swelling in the left upper abdomen (left hypochondrium) which was tender, mobile and bimanually palpable. Ultrasonography of the patient's abdomen revealed a cystic mass (10.3x8.8cm) in relation to the spleen pushing the left kidney downward and medially with no evidence of

septations or calcification. Blood complete showed raised total leucocyte count (18000/cmm) with neutrophil leukocytosis (85%). Plain radiography of the abdomen showed a soft tissue mass in the region of spleen obscuring the left psoas muscle. IVU showed compression of the left pelvicaecal system with downward displacement of the left kidney while the right kidney was found to be normal. A clinical diagnosis of splenic abscess was made. The patient was put on prophylactic antibiotics and prepared for surgery.

Two days later a left upper quadrant transverse laparotomy was performed which revealed a large splenic cyst (15x15cm) with a thin rim of splenic tissue surrounding the cyst. At some places there were white necrotic patchy areas due to ischemia and inflammation. Total splenectomy was performed as spleen could not be saved because of the wide spread necrotic areas and loss of vascularity. On opening the specimen, about 900 ml greenish yellow pus was drained and sent for culture & sensitivity with the result of no growth of any organism. The cyst wall from inside was trabeculated with a glistening surface which on histopathology showed squamous lining with surrounding inflamed fibrous tissue wall and splenic structure (Fig. 1). Patient was discharged home and has remained well after operation in the follow up visits.

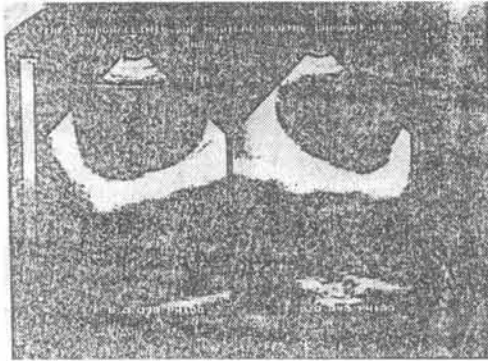


Figure 1

DISCUSSION

Cystic lesions of the spleen are rare. These can be congenital or acquired, true (primary) or pseudocysts (secondary), parasitic or non parasitic. The vast majority of splenic cysts are due to hydatid disease caused by *Echinococcus granulosus* infestation accounting for one half to two thirds of all splenic cysts.⁶ Post-traumatic cysts of the spleen are pseudocysts which comprise 50-80% of the nonparasitic group. They are commonly found in adults and twice as common in males than females.⁵ Congenital or primary (true) cysts account for about 10% of nonparasitic cysts of the spleen which are commonly diagnosed in the second or third decade of life with a slight female predominance.^{5,7}

Most congenital splenic cysts remain asymptomatic and are usually benign lesions but can become life threatening due to enormous distension, sudden rupture or infections.^{4,9} Ultrasound imaging is the most useful investigation but differentiation from hydatid disease by serological studies is needed as intraperitoneal spillage is a well known disaster during aspiration or open surgery.^{3,5}

Spontaneous resolution of congenital splenic cyst has been documented but surgery is recommended for the prevention or treatment of various complications.^{3,9} Surgical treatment of uncomplicated con-

genital splenic cyst is excision with partial splenectomy and total splenectomy.^{1,5,6,9} Complicated splenic cysts (infected) presents great problem in the management of these patients. There are few reports of the safety and efficacy of sonographically guided percutaneous drainage of infected splenic cysts.² Long term follow up has demonstrated the success of this treatment modality in obliterating pseudocyst cavity but not in the infected true cysts (congenital). Only surgery offers life time eradication of the problems related to the presence of splenic cysts. Although congenital splenic cysts (uncomplicated) are treated by partial splenectomy and excision of the cyst but infected splenic cyst can be treated first by percutaneous aspiration and antibiotics followed by an interval partial splenectomy. Sometimes total splenectomy is recommended when the splenic tissues can not be salvaged but the risk of post splenectomy sepsis is a great threat to the lives of these children. However the use of prophylactic antibiotics with long acting penicillins (penidure LA) and immunization against pneumococci and hemophilus influenzae has changed the course of asplenic children.^{3,9,10}

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