

Very Rare Pancreatic-Splenic Anomaly (Wandering Spleen) in Acute Perforated Appendicitis and Diffuse Peritonitis

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Abstract

Wandering spleen is a very rare pathological condition (congenital or acquired), mainly borne by the pediatric age. Its etiology is unknown, but there are several theories including that of a failure to weld the two mesenterial leaflets that can cause both the twisting of the spleen and a volvulus of the stomach. The rarity of the pathology is confirmed in the literature (Bibliography: 1960-2021) of about 500 cases in the world.

Keywords: Pancreatic-Splenic Anomaly; Wandering Spleen; Acute Perforated Appendicitis; Diffuse Peritonitis

Introduction

Wandering spleen is a very rare pathological condition (congenital or acquired), mainly borne by the pediatric age.

Case Report

In our case, a young boy of 24 years, in the absence of obvious pathologies, arrives at the PS (December 2020) with a picture of acute abdomen, fever (39), diarrhea). He undergoes CT scan of the abdomen with MDC that highlights: Pancreatic-splenic anomaly with acute perforated appendicitis.

Discussion

The patient after the bio humoral and instrumental investigations was subjected to open surgery (L.E.) which confirmed the CT picture: localization of the spleen in the pelvic region, torsion of its vascular axis with thrombosis of the same, and positioning of the pancreas (body-tail) vertical (Photos 1 and 2). It was performed: Appendectomy, Total splenectomy, and the repositioning of the pancreas in its natural location and which was fixed with strangled points in vicryl 2/0 (Photo 3) + washing of the abdominal cavity due to the considerable presence of purulent material.

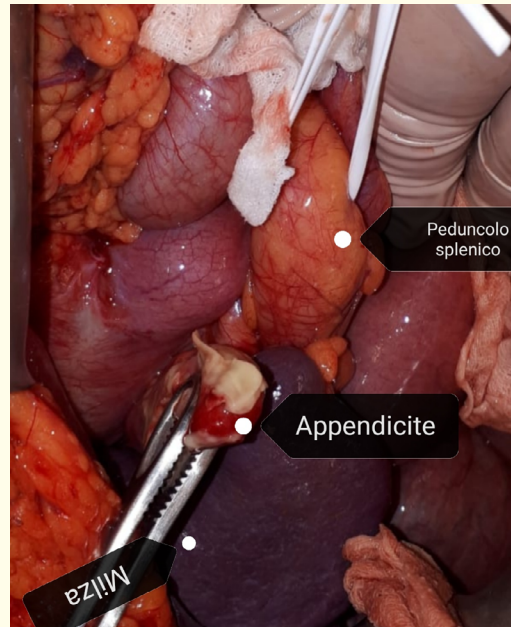


Photo 1

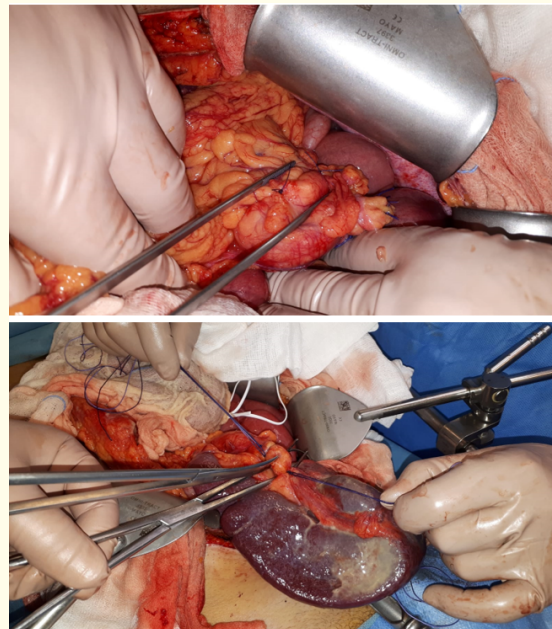


Photo 2

The patient underwent bio humoral and instrumental monitoring.

Channeled in I GPO to gas and afebrile. From the II GPO channeled also to the feces and fed.

Drainage: Removed in IV GPO. Discharged in V GPO [1-5].

Conclusion

During the last year, THE patient was followed with bio humoral and clinical-instrumental checks every three months. And despite the urgent intervention to date he does not present pathological sequelae.

In any case, wandering spleen is a condition that requires a surgical treatment of splenectomy (if there are conditions of irreversible thrombosis) or in the event that there is a gastric rotation can be carried out either a derotation of the organ or in rarer cases to a partial and/or total gastrectomy.

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