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Case Report

About a Rare Case of Epidermoid/Epithelial Splenic Giant Cyst: Case Report

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Abstract

Splenic cysts are a rare disease (about 800 in the literature), mainly children and young adults. Splenic cysts are classified into primary and secondary (often post-traumatic). Primary cysts are classified into parasitic and non-parasitic.

The parasites, typically multiloculate, and subsequent to infection with *Echinococcus*. The non-parasitic (uniloculate) include both congenital and neoplastic forms according to the two main classifications (Fowler and Martin) and that examine the type of epithelium that covers the wall of the cyst.

Keywords: *Epidermoid; Epithelial Splenic Giant Cyst*

Introduction

Splenic cysts are a rare disease (about 800 in the literature), mainly children and young adults.

Clinical Case

A young girl of about 18 years, arrived at our clinic per a painful symptomatology on all quadrants of the abdomen, presented hematochemical examinations, which highlighted microcythemia, Echo abdomen and CT abdomen with mdc (performed privately) that highlighted the presence of a large splenic cyst (cm 26 x 20 x 15) and the inspection of the globular abdomen, treatable at the surface and painful at the deep palpation and which allowed to appreciate the presence of a giant mass at the abdomen with asymmetry of the same (Figure 1). Negative history of trauma and/or other notable pathologies.

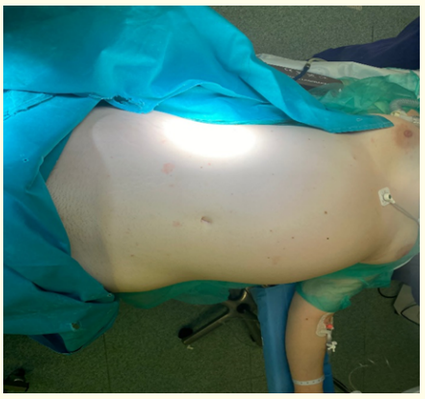

Figure 1

Discussion

The patient, given the painful symptomatology from mass occupying space, after routine preoperative examinations, including Echinotest: negative, was subjected to surgery of splenectomy open.

Due to its size, laparoscopy or conservative surgery was omitted, procedures recommended by some authors in the past, but also for any complications of bleeding that sometimes lead the patient to further surgery.

Opened the abdominal wall (XOP incision), you immediately noticed the presence of the large cyst that made one with the spleen, dislocated the viscera, including the pancreas, towards the hypogastrium where after careful lysis of the adhesions with the viscera and with the left wing of the liver and with the help of the Ligasure, the splenic hilum was identified which was dissected after ligation (Figure 2).

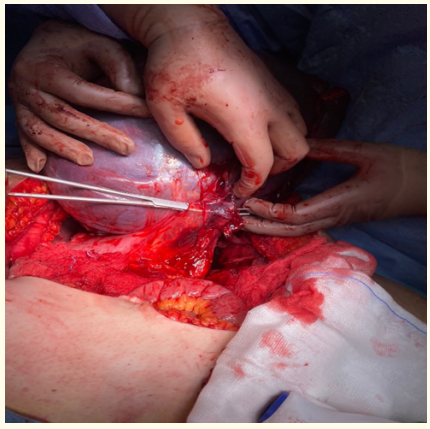

Figure 2

Then its dislocation was completed, and it was removed. Its weight turned out to be 6.5 kg (Figure 3) and sent for histological examination.

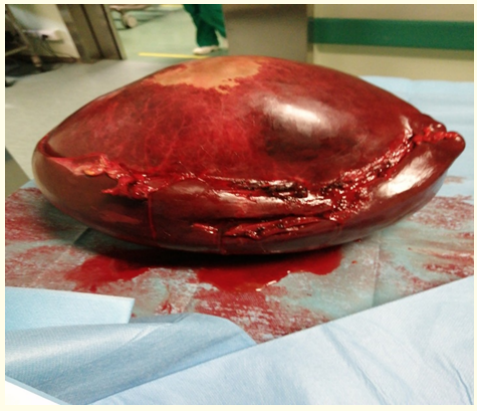

Figure 3

Hemostasis was completed and drainage was placed in the splenic loggia.

Closure in a single layer and agraphes for the skin.

The patient underwent hematochemical checks for the first two days of the postoperative period, fed on the second day. Channeled to feces and gas in ii days. Removal of drainage on IV day and discharged on V day.

The histological examination confirmed the presence of a "Splenic cyst of the epidermoid/epithelial cyst type", and reported the dimensions detected during the macroscopic examination (30 x 20 x 20 cm) (Figure 4).

Figure 4

The patient will undergo follow-up with instrumental clinical examinations every six months for the first two years and then every year for the control of a possible appearance of "pseudomyxoma peritonei", as emerges from the literature [1-6].

Conclusion

From a careful examination of the literature and from our case, rare especially for the dimensions already mentioned and that in the literature in the cases described do not exceed 20 cm, it can be asserted that the giant splenic cysts, as well as different surgical procedures, are reported (already mentioned) from the conservative one (partial splenectomy, cyst alcoholization, marsupialization, etc.) both laparoscopic and open and given the complications of bleeding to which they can bring these surgical techniques with the possibility of reinterventions, they must be treated open and with total splenectomy.

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