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CLINICAL IMAGE

Management of massive splenomegaly

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Abstract

A case demonstrating diagnostic and therapeutic rational for surgical management of massive splenomegaly.

KEYWORDS

follicular lymphoma, JAK2-positive myeloproliferative disorder, massive splenomegaly, splenectomy, Splenomegaly

1 | INTRODUCTION

57-year-old man presented with a 3-month history of fatigue, fever, and increasing abdominal pain. He had completed treatment for follicular lymphoma and JAK2-positive myeloproliferative disorder 2 months previously.

Clinical examination revealed abdominal distension consistent with splenomegaly. Computed tomographic imaging showed extension to the pelvis and right iliac fossa with mass effect over the ipsilateral kidney, stomach, pancreas and small bowel and perisplenic fluid (Figure).

White-cell count was 1.5 10*9/L (3.9-10.2 10*9/L), hemoglobin level 75 g/L (135-172g/L) and platelet count 44 10*9/L (150-370 10*9/L).

Bone marrow biopsy showed no evidence of high-grade transformation of his low-grade B-cell lymphoma, nor extensive involvement by lymphoma or by fibrosis, and therefore failed to explain the degree of his splenomegaly.

Post-operative examination found it to be 11.4kg and 44cm in length (Figure 2). Microscopic examination showed complete replacement with follicular lymphoma without evidence of myelodysplasia or myeloproliferative

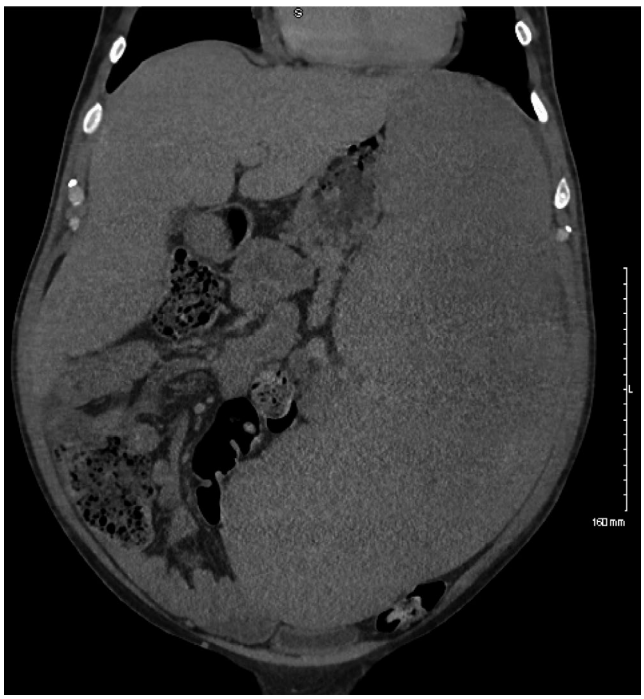

FIGURE 1 Coronal section of computed tomographic imaging demonstrating degree of splenomegaly, mass effect over the stomach, pancreas and small bowel and surrounding perisplenic fluid

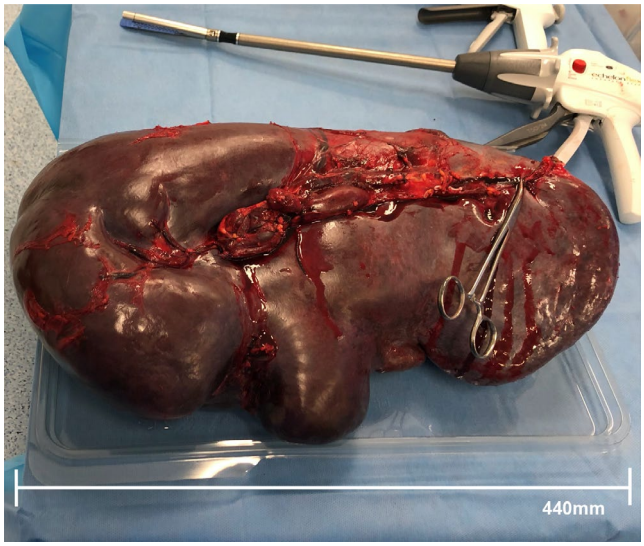

FIGURE 2 Macroscopic image of spleen post operatively, measuring 440 mm in length and 11.4 kg in weight

neoplasm. The total anesthetic time was 4 hours 11 minutes. His recovery was uneventful, and he was discharged on post-operative day 7.

Unfortunately, our patient developed high-grade B-cell lymphoma and died as a result of disease progression 3 months later.

This case demonstrates therapeutic and diagnostic rationale for open splenectomy in massive splenomegaly.

AUTHOR CONTRIBUTIONS

VH and JB undertook conceptualization of this article. VH and PR drafted and revised the manuscript. JB undertook critical review of the manuscript and approved final manuscript for submission.

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