

SPLENECTOMY FOR MEDICAL REASONS

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Splenectomy was performed on thirty patients referred by physicians to facilitate further medical management of haemolytic anaemias, thrombocytopaemic purpura, hypersplenism, leukaemia, Hodgkin's disease and malaria.

Preoperative preparation included the correction of anaemia, compensation for adrenal atrophy and the obtaining of fresh blood for peri-operative transfusion.

Through a left subcostal incision the spleen was mobilized by separation of peritoneal attachments and delivered out of the wound prior to vascular ligation and division. Accessory spleens were sought and removed during splenectomy for haematological disorders. Splenic bed haemostasis was achieved mainly by diathermy coagulation and to a lesser extent by implantation of gelatin sponge. Drainage of the splenic bed was not effected.

Patients were managed postoperatively in a general surgical ward without resort to intensive care facilities. Prolonged ileus, unexplained postoperative fever, superficial wound sepsis and one fatality (due to inadequately compensated adrenal cortical hypo-function) were experienced postoperatively. There was not a single case of subphrenic abscess and no patient required re-exploration for haemorrhage. White cell and platelet counts were repeatedly carried out postoperatively over prolonged period. Postoperative leucocytosis returned to normal in a matter of weeks but increased platelet counts were both marked (over a million in three patients) and persistent over several months.

One patient developed malaria for the first time while still in hospital after splenectomy; the latter being probably responsible for making a previous occult infection manifest clinically.