

AB191. 163. Spontaneous, atraumatic splenic rupture, a single centre experience

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Background: Spontaneous, or atraumatic splenic rupture, as defined by Weidemann in 1927 (Lieberman *et al.*, 1989) as a splenic 'rupture resulting from an incident without external force', is significantly less common than traumatic splenic rupture. However, in recent years at least 300 cases have been reported (Tonolini *et al.*, 2016). Atraumatic Splenic Rupture is a life-threatening condition requiring urgent surgical intervention with an underlying pathology (e.g., neoplasm, infection, inflammatory disease) identified in 95% of cases (Renzulli *et al.*, 2009). Here, we summarize a single centre general surgery experience.

Methods: A medical chart review was performed of cases presenting to the General Surgery Department

at University Hospital Limerick where a diagnosis of atraumatic splenic rupture was made from 2012 to 2018. Patient demographics, underlying pathology, treatment and clinical outcomes were reviewed and summarized.

Results: A total of six cases were identified, 3 males and 3 females. The following underlying pathologies were present: B-cell lymphoma; chronic pancreatitis with pseudocyst; splenic artery aneurysm; Epstein Barr Virus; Myeloid Leukaemia; and unknown (iatrogenic). All patients presented with unprovoked, generalized abdominal pain and clinical symptoms in keeping with hypovolaemic shock. Diagnosis was confirmed in all six cases with crosssectional CT imaging. All six patients required emergency laparotomy and splenectomy. No mortalities were identified.

Conclusions: Atraumatic Splenic Rupture is rare but requires consideration in devising a differential diagnosis in the setting of an acute abdomen to ensure the necessary, prompt surgical intervention is provided.

Keywords: Atraumatic; spontaneous; splenic rupture; case series

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