



AB006. Robotic splenectomy for immune thrombocytopenia: should this be routine practice?

Barbara Julius, Jarlath Bolger, Michael Eamonn Kelly, John Barry Conneely, Gerry McEntee

Department of Hepatobiliary Surgery, Mater Misericordiae University Hospital, Eccles Street, Dublin, Ireland

Background: Immune thrombocytopenia (ITP) is an acquired thrombocytopenia due to autoantibody-mediated destruction of platelets. Splenectomy is reserved for patients with thrombocytopenia that is refractory to medical therapies, and those with significant bleeding issues. The objective of this case report is to highlight the benefit of the robotic platform in performing minimally invasive splenectomy.

Methods: We present the case of an 81-year-old lady with treatment-refractory ITP. Following multidisciplinary team (MDT) discussion, the decision was made to proceed with minimally invasive (robotic) splenectomy. Prior to the procedure her platelet count was optimized with perioperative platelet transfusions and administration of

intravenous immunoglobulin (IVIg). She also received the recommended course of vaccinations two weeks pre-operatively.

Results: Robotic splenectomy was performed using the Da Vinci XI dual console. The lesser sac was entered via a trans-omental approach. The splenic hilum was identified early, and the splenic artery and vein was secured using the EndoWrist stapler. The spleen was then fully mobilized using the Vessel Sealer Extend. It was removed en bloc via a small (3 cm) right iliac fossa incision and sent for histology. The total operative time was 2 hours and 45 minutes, with a 900 mL blood loss. Patient's post-operative pain was minimal, mobilized on the first post-operative day and made an uneventful recovery.

Conclusions: This case highlights the use of Da Vinci XI robotic platform as a viable alternative to minimal invasive splenectomy, which is both safe and feasible for training juniors.

Keywords: Robotic surgery; splenectomy; thrombocytopenia

doi: 10.21037/map.2020.AB006

Cite this abstract as: Julius B, Bolger J, Kelly ME, Conneely JB, McEntee G. Robotic splenectomy for immune thrombocytopenia: should this be routine practice? *Mesentery Peritoneum* 2020;4:AB006.