



AB144. SOH23ABS_154. Splenic abscesses necessitating splenectomy: a case report

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Background: A 48-year-old male presented to emergency department with a 2-week history of pain in the left upper quadrant, left shoulder tip and back. His past medical history was significant for splenic infarcts and an infected pancreatic pseudocyst. A CT abdomen revealed several cystic areas consistent with splenic abscesses. He was initially treated with piperacillin/tazobactam and subsequently meropenem. Development of a subcapsular haematoma made insertion of an interventional radiology drain technically challenging and a splenectomy was planned.

Methods: Intraoperative pictures demonstrate engorgement of the spleen within an inflammatory mass including elements of omentum, stomach and pancreas. This mass occupied a significant space in the abdominal cavity and was large enough to cause compression of the right gastroepiploic vessels, leading to congestion. Although the patient did not complain of any gastric outlet obstruction-type symptoms, the mass appeared to compress the stomach intraoperatively. The haematoma was enucleated, splenic attachments dissected and the spleen safely resected. Part of the tail of the pancreas was also resected. A drain was inserted.

Results: His postoperative course was complicated by coronavirus disease 2019 (COVID-19) infection and anaemia due to blood loss. A vaccination protocol and

antibiotic prophylaxis was established by the Infectious Diseases team prior to discharge. The cause of his abscess was determined to most likely be contiguous spread.

Conclusions: The case represents the importance of multi-specialist team care and highlights the continuing role of surgery in splenic abscess despite optimal antibiotic therapy and the increasing role of interventional radiology.

Keywords: Spleen; splenectomy; splenic abscess; splenic drainage; splenic abscess drainage

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-23-ab144

Cite this abstract as: Daly M, Curran M, Arif M, Aluwishiq A, Murphy C, Collins C. AB144. SOH23ABS_154. Splenic abscesses necessitating splenectomy: a case report. *Mesentery Peritoneum* 2023;7:AB144.