ABCDDV/1090
ABCD Arq Bras Cir Dig 2015;28(1):86
DOI:http://dx.doi.org/10.1590/S0102-67202015000100021

Letter to the Editor

SPLENIC INFERIOR POLE

Polo inferior do baço

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Financial source: none
Conflicts of interest: none

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Received for publication: 16/01/2014
Accepted for publication: 09/12/2014

The spleen, since antiquity, is an organ little known in its duties[1,3]. We conclude that all its physiological role is not known; but what is known, is that it is essential, verified through other means, by post-splenectomy sepsis for example[4,5].

Anatomical studies developed by Neder, AM[7] and Zapala, A.[26], guided by DiDio and anatomical dissections by Campos Christo[2], guided by Resende Alves[22], led to the conclusion that the spleen has independent territories under vascular standpoint. There are five. The upper pole is supported by the phrenoesophageal membrane and few phrenic vessels and the inferior pole presents the splenic-gastric membrane, sectorial pedicle and the spleno-colic ligament. There is, therefore, greater anatomical integration of inferior pole with the visceral abdominal compartment, mainly with left upper quadrant[6-8].

Young stabbing victim forced Campos.Christo[2] to have the opportunity to realize the first partial splenectomy (ruled) successfully. The fact spread and today, injured spleen is maintained spleen[9-14].

We had the opportunity to implant spleen fragments experimentally and all took completely. Petroianu discussed with me, but did not accept the suggestion and decided to investigate the upper pole on excellence studies[15-21] on its remaining function after ruled splenectomy.

In contrast, thinking, suggested that the inferior pole provides anatomical conditions superior to those of the upper pole[23-25]. We therefore suggested to Prof. Danilo and staff to investigate this idea and proposal, which resulted in various publications.

Why invest in this idea, that is, the lower pole has greater importance in remaining active than the superior pole? It seems puzzling this proposal because, anatomically, the lower pole has as its support the following: splenic pedicle, specific sectorial pedicle, lower gastrosplenic ligament, whole spleno-colic ligament, plentiful in support tissue and has small remnant of splenorenal membrane.

Without making reasoning with sophistry, it seems that it is not unreasonable to expect the lower pole, supported by more ligaments, will do physiological demand more easily and to encourage the formation of a new pedicle, autonomous, to meet the physiological needs of a functioning spleen.

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