



An unusual cause of acute abdomen: wandering spleen with infarction

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CASE

An 18-year-old woman presented with 7-day history of fever and left lower quadrant abdominal pain. She had past history of Hirschsprung's disease operated on childhood. Positive findings on physical examination included marked lower abdominal tenderness mainly over the left flank and left iliac fossa. Laboratory testing was remarkable for elevated white blood cells at 18,100/mm³ and C-reactive protein of 95.6 mg/dl. The hypotheses of renal colic and diverticulitis were raised.

An abdominal computed tomography with contrast was performed and showed an enlarged spleen located in the anterior pelvis with stretching and torsion of its vascular pedicle, densification of the fat adjacent to the organ, and small amount of free fluid in the pelvis. The suggested diagnosis was of a wandering spleen and torsion of its pedicle with

infarction, confirmed after abdominal surgery with splenectomy and subsequent anatomopathological study (acute ischemia with intraparenchymal haemorrhage of the spleen was observed).

DISCUSSION

Wandering or ectopic spleen is a rarely diagnosed clinical entity. The nature of the illness is only recognized when complications have occurred and often diagnosed in an emergency setting.¹ In adulthood, the presentations vary from splenic incidentaloma to acute abdominal emergency or chronic gastrointestinal complaints. Due to the unspecific clinical features of abdominal pain, imaging modalities play a crucial role in diagnosing ectopic spleen.¹⁻³ Clinicians should consider wandering spleen in the differential

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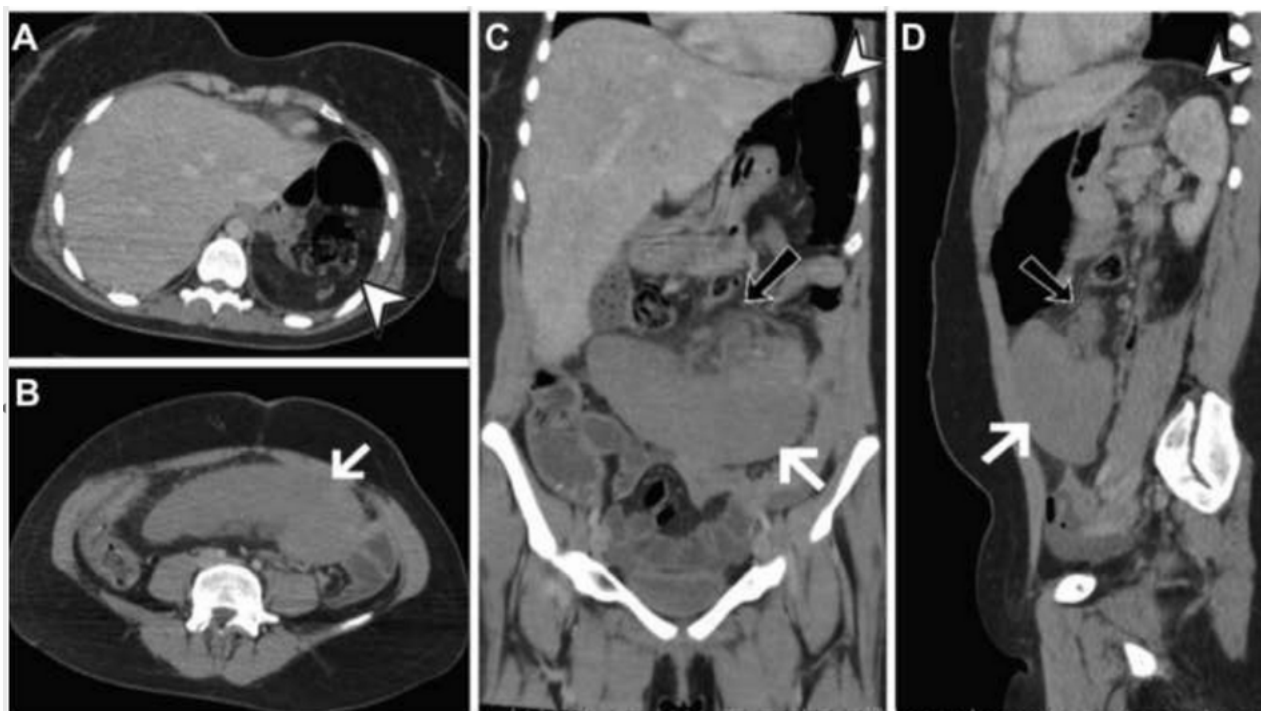


FIGURE 1 Tomographic sections in the axial plane (A and B), coronal (C) and sagittal (D), portal phase after the intravenous contrast, showing the left hypochondriac without a splenic image (head of the cursor), and the spleen being identified in the right iliac fossa (thin white arrow), of discretely increased dimensions, low contrasted, with vascular engorgement and tenuous densification of the adipose tissue with its hilum (black arrow).

diagnosis of acute abdomen. Upon diagnosis, treatment is usually surgical either splenopexy or splenectomy, depending on the degree of torsion and splenic infarction.¹⁻³

PALAVRAS CHAVE: *Baço errante. Esplenopatias. Infarto esplênico.*

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