

ABSTRACT

Torsion of Wandering Spleen

Meryem Irfan Unal*, Vebster J, Shahkinna N, Naveena T, Fadli M, Aini A, Hazlina K, Mughni B

Department of Paediatric Surgery,
Hospital Wanita dan Kanak-Kanak,
Sabah, Malaysia

*Corresponding author's email:
meryemunal29@gmail.com

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Introduction: Absent or abnormal laxity of splenic ligaments may give rise to a rare condition called wandering spleen. This condition can be difficult to diagnose due to its non-specific symptoms and clinical findings which are often missed or the patient presents late with a life-threatening complication. **Case presentation:** We are reporting a case of an 11-year-old girl who presented with worsening left-sided abdominal pain and swelling for 1 week associated with no bowel output. Abdominal examination showed a hard, tender mass at the left lower quadrant. Abdominal radiograph revealed dilated proximal bowel loops with a paucity of distal bowel gas. Ultrasonography was done twice in which the latter showed an enlarged spleen at the left lumbar with a whirlpool sign suggesting splenic torsion. Emergency laparotomy was performed, and a non-viable torsed spleen was identified at the left lumbar. A splenectomy was performed. The patient was recovering well post-operatively and was discharged home after 2 weeks postoperative. **Discussion:** Absent or hyperlaxity of splenic ligaments can cause the spleen to wander and predisposes to splenic torsion along its vascular pedicle. It is difficult to diagnose this condition due to its rarity and it mainly remains asymptomatic. These are the reasons why this condition is often missed or presented late. **Conclusion:** Ideally, splenopexy is the treatment of choice but it depends on splenic viability assessment intraoperatively, if it is non-viable, splenectomy is the best option. In a wandering spleen, a high level of suspicion is required for early diagnosis to intervene before any life-threatening complications ensue.