



Massive wandering spleen and splenic cyst: A rare cause of anuria



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Aim: Wandering spleen, a rare condition of splenic hypermobility, may present with abdominal pain or varying complaints based on its location and size. We herein present a male adolescent patient with a massive wandering spleen and congenital splenic cyst who presented to the emergency department with anuria and was first misdiagnosed with a glob vesicale.

Case Report: A 16-year-old male patient presented to the emergency department with anuria. Physical examination revealed a mass in the abdominal midline. His bladder was catheterized, and an abdominal tomography was obtained, which showed a wandering spleen in the abdominal midline, starting from the left renal artery level, extending down to the bladder, encompassing a 153x130 mm parenchymal cyst, bilateral ureteral compression, bilateral grade III hydrouretero-nephrosis. All tumor markers were negative, and creatinine levels had increased from a baseline of 0.3 mg/dL to 1.58 mg/dL.

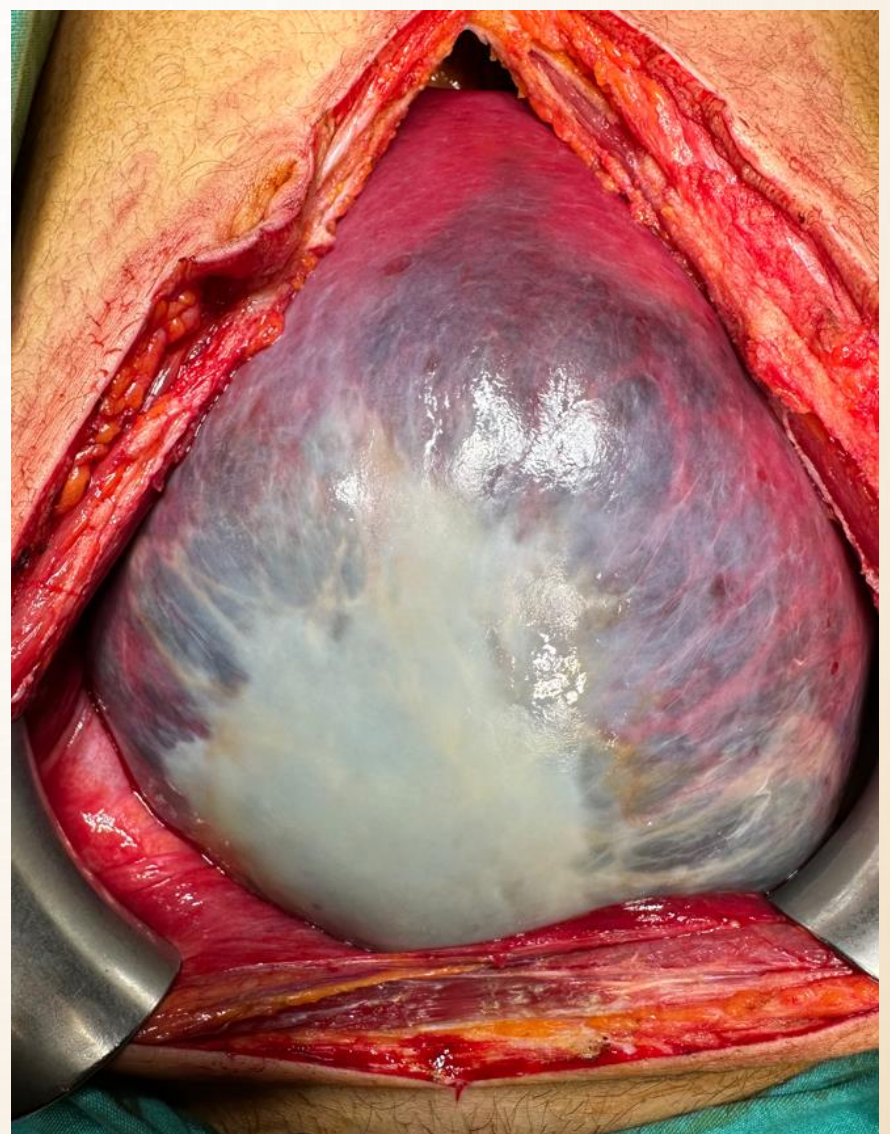


Figure 1 Massive wandering spleen and splenic cyst, as observed through a midline incision

Laparotomy revealed a massive spleen in the abdominal midline, measuring about 20 cm, with a splenic cyst (Figure 1) (Consent was obtained from the patient and his caregivers for this photo). The cyst walls were excised close to the parenchymal tissue through a midline incision, and splenopexy was performed with a vicryl mesh. Pathological examination revealed a simple epithelial splenic cyst. His creatinine levels returned to normal within the first two postoperative days and he was discharged on the 10th postoperative day without complications. The patient is still followed up uneventfully with no cyst recurrence.

Conclusion: The incidence of splenic cysts in the entire population is around 1% (1). Wandering spleen, though uncommon, most likely presents with acute abdomen (2). Splenic cyst in a wandering spleen is extremely rare, and presentation and management depend on the location and size (3). While there are a few reports of such patients presenting with dysmerrhea and abdominal pain, no cases of unuria were reported (4). Misdiagnosis is easy if unsuspected.

References:

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