

Tahmasebiboldaji K.R., Gohar Bakhsh M.Y.
SPLENECTOMY IN GENERAL SURGEON'S DAILY PRACTICE
Tutor: associate professor Klimuk S.A.
Department of General Surgery
Belarusian state medical university, Minsk

Relevance. Splenic complications after blunt splenic trauma range between 0 and 7.5% with a mortality of 7–18% in adults. The 19% of splenic-delayed ruptures happen within the first 48 h, more frequently between 4 and 10 days after trauma. The risk of splenectomy after discharge ranges between 3 and 146 days after injury, and the rate of readmission for splenectomy was 1.4%. Non-traumatic destruction of spleen in association with pancreatitis and other organs involvement are less common although being potentially life-threatening require organ removal. Most of these procedures are performed by general surgeons. Spleen-saving technologies like angiography are not as widespread as we wanted to.

Aim: to understand the role of splenectomy in the non-trauma hospital having just 2 variety of approaches, laparoscopy and open.

Materials and methods. We performed the retrospective trial based on the data base of all surgeries in 5th hospital of Minsk in 2015 -2022. We selected all the cases of splenectomies performed in trauma and non-trauma patients by general surgeons. Totally we found out 36 position that where named “splenectomy” as basic or additional procedure in context of elective, semi-elective and emergent procedures. The parameters that we assessed were: age, having trauma or No, hours before admission, hours before surgery, duration of surgery, other organ involvement, lab tests (CBC, APPT, PT, INR), data of examination at the time of admission, preoperation transfusion of plasma and RBC, associated conditions. Processing of data was performed in Excel 2013.

Results. Of 36 cases found data on history of “trauma or not” were available in 33: so 52.7% of patients had trauma, 39% had not, data were unavailable in 8.3%. Most patients were male (16 women, 20 men, 44.4% and 55.6%, respectively). Median age was 54 y.o. Traumatic patients were a bit younger and prevalence of male. Median time to admission was 12 hours in trauma, 9 hours in non-trauma, median time to surgery was 3.25 hours in trauma, 82 hours in non-trauma. The duration of surgeries in case of traumatic due to less complications is lower than non-traumatic. Other organs were also involved in surgery in 26.3% of trauma patients and in 64.28% of non trauma. Other organ involvement in traumatic patients was lower by only almost 26 %. Most common involved other organ was pancreas (6 patients of non-trauma and trauma pooled). The volume of perioperative transfusion of RBC and plasma was higher in traumatic cases. In total median RBC volume in Trauma was 635 mL, in non-trauma - 630 mL. The median FFP volume in Trauma was 600 mL, in non-trauma - 600 mL. All the patients were operated using open approach. Mortality was about 19.4%.

Conclusion: splenectomy is a relatively rare but important surgical procedure in non-trauma hospital having just 2 variety of approaches.