

## **MANAGEMENT OF SPLENIC PSEUDOCYSTS FOLLOWING TRAUMA, A RETROSPECTIVE DESCRIPTIVE COHORT STUDY**

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**Introduction:** Post-traumatic splenic pseudocysts are rare. The optimal treatment is not clearly defined. Splenic preserving procedures, such as percutaneous drainage and laparoscopic fenestration of the splenic cysts have gained popularity over splenectomy in the last twenty years.

**Objective:** To evaluate the management and outcome of post-traumatic splenic pseudocysts.

**Methods:** A retrospective chart review

**Results:** Six cases of splenic pseudocysts were found from April 1998 to March 2004. One patient had a large, asymptomatic splenic pseudocyst that spontaneously resolved over a period of 5 months post injury. A second patient had a large asymptomatic splenic cyst removed by open splenectomy after failed laparoscopic approach. The remaining four patients had symptomatic splenic pseudocysts. They were all first treated with percutaneous drainage with relief of symptoms. However, three of the four cysts recurred. Two of these three recurrent cysts were treated with laparoscopic fenestration, and all subsequently recurred with one patient who later developed a splenic abscess. The third patient had a repeat percutaneous drain, and the cyst also recurred again. The last patient developed a splenic abscess secondary to iatrogenic punctured colon that was not recognized at the time of percutaneous drainage. She subsequently required open drainage, and eventually died of sepsis.

**Conclusion:** Our experience suggests that percutaneous drainage and laparoscopic fenestration have an unacceptably high rate of failure. Partial or complete splenectomy should be considered for young and otherwise healthy patients who have large symptomatic splenic pseudocysts.