

## **DO WE MISS ACCESSORY SPLEENS? AN 18-YEAR REVIEW OF OPEN AND LAPAROSCOPIC SPLENECTOMY FOR IDIOPATHIC THROMBOCYTOPENIC PURPURA (ITP)**

S. Sampath, A.T. Meneghetti, J.K. Macfarlane, C. Babcock, D. Jangra, W.B. Benny, O.N.M. Panton

Department of Surgery, Department of Hematology, University of British Columbia, Vancouver, BC.

To determine whether there is a difference in the incidence of recurrent ITP due to missed accessory spleens in open versus laparoscopic splenectomy.

All open and laparoscopic splenectomies completed at the Vancouver Coastal Health Authority sites over the past 18 years were analyzed. In cases of recurrent disease, peripheral blood smears were examined to identify features consistent with the presence of retained, functional splenic tissue. The incidence of recurrent disease secondary to missed accessory spleens was then compared between the open and laparoscopic splenectomy groups.

A total of 105 splenectomies (54 open / 51 laparoscopic) were performed for ITP over the 18-year period. Five of the splenectomies attempted laparoscopically were converted to open. Accessory spleens were identified and removed in 6 laparoscopic cases and in 6 open cases ( $p=0.57$ ). Recurrent disease occurred in 27.6% of the open cases and 14.6% of the laparoscopic cases ( $p=0.222$ ). There were no cases of recurrent ITP with features on peripheral blood smear that indicated a missed accessory spleen. Consequently, re-exploration was not indicated in any of the cases of recurrent disease in either group.

There is no significant difference in the long-term outcomes between laparoscopic and open splenectomy for ITP. The intra-operative identification of accessory spleens and the incidence of missed accessory spleens causing recurrent disease is similar when splenectomy is performed either open or laparoscopically.