

## SV14: POST-LAPAROSCOPIC SPLENECTOMY SPLENSIS: WHAT DO PEER-REVIEW REPORTING TRENDS INDICATE?

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**Background** Splenosis after laparoscopic splenectomy/partial-splenectomy and after conservative management of splenic trauma with spills of splenic pulp is still poorly understood. The aim of this study was to analyze peer-reviewed reports on post-laparoscopic splenectomy splenosis (from the raw-dissected surface in partial splenectomy or breach of endobag in total splenectomy) with regards to demographics in reporting, outcomes and management.

**Materials and methods** Electronic Pubmed was searched for terms "laparoscopic splenectomy" and "splenosis". Data was collected with regards to the number of publications, origin of the publication, population size and age, etiology and outcomes. Inclusion criteria included publications with age range 0-19, with review articles excluded for this analysis. Articles were selected by 2 Reviewers to minimize bias.

**Results** The literature search identified 44 articles of which 32 articles between 1994-2016 met the inclusion criteria. With regards to reporting, 17 reports originate from Europe, 8-Australasia, 6-US, 1-South Africa. With regards to the etiology: 16-post-traumatic splenectomy, 7-post-laparoscopic splenectomy, 3- conventional splenectomy, 1-congenital (intra-gastric), 1-recurrent hemolysis, 1-Multiple Endocrine Neoplasia Syndrome-1, and 2-unknown. With regards to localization: 7-peritoneum/omentum, 7-pelvis, 5-liver, 2-colon, 1-pancreas, 1-ovary, 1-stomach, 1-port site and 6-unknown. Associated conditions were reported only in 13 patients: 4-immune thrombocytopenic purpura, 3-Heaptitis (A, B and C), 1-autoimmune hemolytic anemia, 1-testicular teratoma, 1-Multiple Endocrine Neoplasia Syndrome-1, 1-cervical cancer, 1-polycystic ovarian syndrome and 1-Burkitts lymphoma. The splenosis excision was performed in 22-reports laparoscopically, 1- robotic assisted and 9-no surgical management information. It was interesting to note the lag time between surgery-to-splenosis diagnosis was mean 26.1-years (range 12-46 years) in 14 reports-post-traumatic splenectomies vs mean 4-years (range 2 months-13 years) in 7 reports-laparoscopic splenectomy. There were no further morbidities or mortalities in reported series.

**Conclusions** Post-traumatic splenectomy is the most common cause of splenosis, however post-laparoscopic splenectomy has been found to be the 2nd major cause. Once a splenosis has been localized, laparoscopic management to remove the tissue within the abdominal cavity is feasible. It should be

noted that the lag time to diagnosis is more in post-traumatic splenectomies versus laparoscopic splenectomy; however the reason for this still remains unclear. Our question, „the incidence of splenosis post-laparoscopic splenectomy after partial-splenectomy or breach of endobag?“ however remained unanswered!

**Key words** laparoscopic splenectomy, splenectomy, splenosis, laparoscopy, post-laparoscopic, partial splenectomy, post-traumatic splenectomy