

P1113: THE BENEFITS OF SEMI-LATERAL APPROACH IN THE LAPAROSCOPIC SPLENECTOMY FOR MASSIVE SPLENOMEGALY

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Background Hereditary spherocytosis (hs) is the most common cause of congenital hemolysis resulting in anemia and hypersplenism. Total splenectomy has been shown to reduce hemolysis, thus prolonging the red cell life span and resulting in improvement of severe anemia. Actually the laparoscopic splenectomy (ls) has become feasible and gained favor among surgeons as an alternative to the open approach also for the massive splenomegaly. We report our experience in the ls using a semi-lateral approach in 7 cases of hs with massive hypersplenism.

Materials and methods Preoperative diagnosis and indications for splenectomy were established in pediatric hematology departments. Indications for surgery were hypersplenism, symptomatic splenomegaly and recurrent thrombocytopenia necessitating repeated blood transfusions. All patients received routine preoperative vaccination and antibiotic prophylaxis. Pre-operative exams (us - tc) showed a massive splenomegaly with a length ≥ 17 cm (range 17–23). We realized the ls using a semi-lateral approach placing the child in a supine decubitus with left side elevated 30 degrees and the operative table rotated to right. We used 4 trocars. In all cases we realized a proximal ligation of the splenic vessels on the superior pancreatic limit that permits to perform the procedure with a safer vascular control and no risk of bleeding.

Results All the procedures were successfully completed. Mean operating time was 180 minutes. We had no intra or postoperative complications or conversion. A drainage was left in the splenic bed for 48 hours in postoperative period. The oral feeding started after 48 hours. The median length of hospital stay was 5 days.

Conclusions Our short experience showed that ls is a feasible and effective procedure in pediatric age also for massive splenomegaly. ls showed equally hematologic results compared to open splenectomy but associated with less operative pain, shorter length of hospital stay, earlier return to full function, decrease in hospital costs and a cosmetically superior aspect. We believe that the semi-lateral approach is the position of choice in case of spleen ≥ 17 cm for the better exposure and easier dissection of splenic hilar structures.

Key words hypersplenism, laparoscopic splenectomy, semilateral approach