

Spontaneous Splenic Infarction: A Rare Case

Mehmet HATUN, Pınar Baydar YÜCEL, Seyit ÖZDEMİR, Mustafa POLAT, Ali KARAKUŞ

Hatay Mustafa Kemal University, Faculty of Medicine, Emergency Medicine, Hatay, Turkey

*Corresponding Author: Ali Karakuş, Hatay Mustafa Kemal University, Faculty of Medicine, Department of Emergency Medicine.

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Dear Editor,

Spontaneous splenic infarction is a rare condition characterized by the sudden death of spleen tissue. It typically arises from an abrupt obstruction of blood flow to the spleen, leading to tissue damage and bleeding. This condition is often triggered by vascular events such as thrombosis or occlusion of splenic vessels, or systemic infections. Spontaneous splenic infarction may manifest with symptoms such as acute abdominal pain, abdominal tenderness, and occasionally left upper quadrant pain. Diagnosis is established through imaging techniques and laboratory tests. Treatment aims to manage the patient's symptoms and prevent complications, occasionally requiring surgical intervention.

A 40-year-old male patient presented to our clinic with complaints of left upper quadrant pain, nausea, and vomiting persisting for 3-4 days.

The patient's general condition was good, with clear consciousness and cooperative orientation. His temperature was 36.7°C, heart rate was 97 beats/min, respiratory rate was 20/min, oxygen saturation was 99%, and blood pressure was 130/70 mmHg. Physical examination revealed tenderness at the left costovertebral angle. There were no signs of guarding or rebound tenderness, and other examination findings were unremarkable. Laboratory results showed a white blood cell count of 13860/mm³, CRP level of 64 mg/dL, and hemoglobin level of 16.6 g/dL. Abdominal tomography revealed irregularly bordered hypodense areas in the lower pole of the spleen, prompting consideration of spontaneous splenic infarction due to the absence of trauma history. (Figure 1).

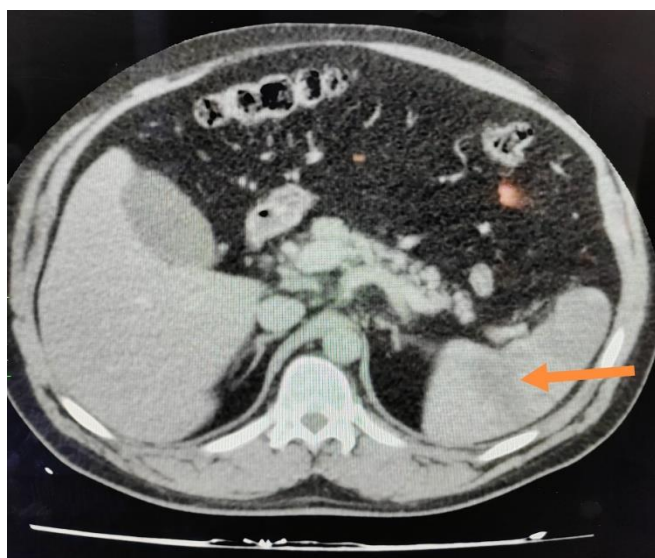


Figure 1: Abdominal tomography revealed irregularly bordered hypodense areas in the lower pole of the spleen.

During the emergency department follow-ups, no significant decrease in hemoglobin was observed. The patient was consulted to the general surgeon. The general surgeon advised the patient to have an outpatient clinic follow-up.

Spontaneous splenic infarction is a rare and challenging condition that necessitates a high level of suspicion for diagnosis in emergency medicine. Diagnosis is typically established through ultrasonography

or abdominal tomography. It is crucial to note that splenic infarction may occur, particularly in patients presenting with left-sided or left upper quadrant pain without a history of trauma, and urgent surgical intervention may be necessary in hemodynamically unstable patients.

Keywords: spontaneous splenic infarction; left upper quadrant pain



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