

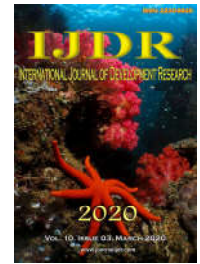


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CASE REPORT

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RIGHT LOCALIZED PLEURAL EFFUSION AND GIANT SPLENIC CYST WITH SPLENIC ARTERY ANEURYSMS SIX MONTHS POST TRAUMA: AN INTERESTING CASE REPORT

¹Efstathios K. Metaxas, ²Panagiota Pantoula, ³Konstantia Bouchra, ⁴Christos Chouliaras, ¹Athanasios Stathoulopoulos, ¹Nicholaos Tzatzadakis and ⁴George Meimaris

¹Department of Thoracic Surgery, General Hospital of Nicaea-Piraeus, Greece; ²Department of Pathology, General Hospital of Nicaea-Piraeus, Greece; ³Radiology and Imaging Department, General Hospital of Nicaea-Piraeus, Greece; ⁴Department of General Surgery, General Hospital of Nicaea-Piraeus, Greece

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*Corresponding author: Efstathios K. Metaxas,

ABSTRACT

It is about a 66-year-old male who had a fall while he was trying to place the rubbish to the trash-can. Who developed a localized pleural effusion on the right hemithorax who drained successfully by a chest drain (pleural-cath). Who developed a giant splenic cyst with splenic artery aneurysm and finally underwent splenectomy six months post his trauma accident.

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INTRODUCTION

Trauma it is known that can cause abdominal bleeding laceration - rupture of the organs like spleen, liver, intestine, bowel and aneurysms. Splenic artery aneurysms are associated with high mortality. The cause of these aneurysms is uncertain, but increased blood flow through the splenic artery may be a factor. Portal hypertension may increase the aneurysmal propensity of the splenic artery. Trauma could be an aetiological factor and discuss further on this case report.

Description of the case: A 66-year-old male had a fall while he was trying to place the rubbish to the trash-can. Having pain at the lower right hemithorax the next day he visited the local hospital. He underwent chest radiography, ultrasound for the abdomen and blood tests. The chest radiography was satisfactory, no pneumothorax, no pleural effusion was found. The ultrasound for the abdomen was with no pathology and the blood tests within normal values too. Patient was discharged home the same day with analgesic medication. Patient's past medical history, diabetes type II insulin depended and not

regular nebulizers for mild obstructive asthma. NKDA was found. Less than a two-month period patient started feeling unwell. He underwent CX-ray and a small pleural effusion was found on the right basis of the right hemithorax. No thoracentesis was done just conservative treatment and observation. Post one-month period patient having a CT scan was found a small localized right basal pleural effusion. Patient received conservative treatment and observation. Patient while worsening having dyspnoea, pain on the lower part of the right and left hemidiaphragm he received consultation by Thoracic Surgeon. A medium localized right basal pleural effusion was drained successfully by a chest drain-pleural cath. On a new CT scan for the Thorax and Abdomen was found initially a large cyst or echinococcus cyst but finally a giant cyst with splenic artery aneurysm was diagnosed by CT angiogram. Patient was referred to the General Surgery Department and he underwent splenectomy because of the anatomy of the splenic artery anatomy. Decalcification was done by Pathology department for removing mineral from calcified tissue so that good quality paraffin sections can be prepared that will preserve all the essential microscopic elements. Patient had a good

postoperative recovery and he was discharged home with medication and follow up regularly.



Image 1. Right localized pleural effusion on the lateral CXR

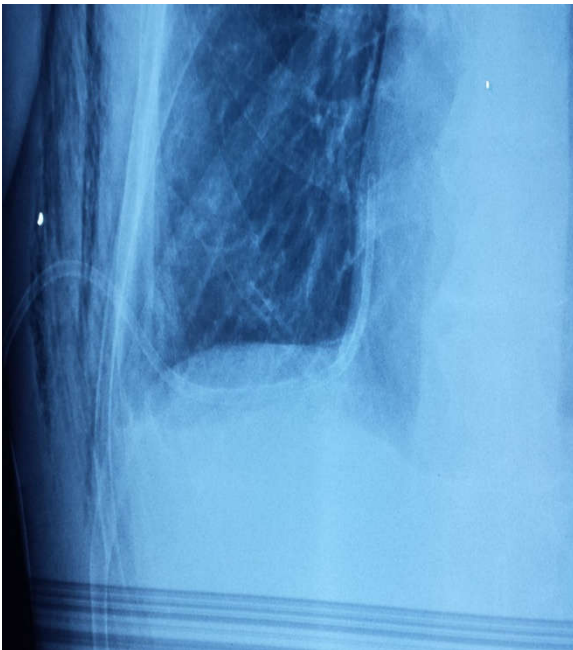


Image 2. Right localized pleural effusion drained successfully with pleural cath

DISCUSSION

Splenic artery aneurysm is a rare condition, however, potentially fatal. The importance of splenic artery aneurysm lies in the risk for rupture and life-threatening hemorrhage.¹



Image 3. The spleen postsurgery



Image 4. The Spleen at the Pathology Department.

Patients with a splenic artery aneurysm before rupture are fairly asymptomatic, vague epigastric pain, left upper quadrant pain, and left shoulder pain are among the most common complaints.² Radiologic studies for the diagnosis of splenic artery aneurysm include plain abdominal film, ultrasound, and angiography.³ The cause of these aneurysms is uncertain, but increased blood flow through the splenic artery may be a factor.^{1,2,3} Portal hypertension with large portal systemic shunts causes a rise in portal blood inflow volume which is thought to increase the aneurysmal propensity of the splenic artery. Trauma could be an aetiology.^{1,2,3} The median internal diameter of the splenic artery was 5.35 mm (IQR: 4.67-6.18 mm) in patients with cirrhosis and portal hypertension and 4.60 mm (IQR: 4.32-5.32 mm) in healthy controls Ruptured

abdominal aortic aneurysms require immediate open surgery or endovascular stent grafting.^{5,6} Without treatment, mortality rate approaches 100%.^{1,2,3,4,5} Once an aneurysm develops along the aorta, it will not disappear or reduce in size on its own. Although these medications are used to slow the growth of an aneurysm, they are not a cure. Eventually, most aortic aneurysms will need to be repaired to avert rupture or dissection.^{6,7} So finally patient underwent splenectomy by general surgeons.

Conclusion

Splenic artery aneurysm lies is associated with high risk for rupture and lifethreatening hemorrhage. Special care should be given in trauma patients during the diagnosis. Follow up by experience team is considered necessary.

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