

A Case Review of Spontaneous Splenic Rupture Caused by Pancreatitis With Subsequent Peripancreatic Abscess

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INTRODUCTION

- Spontaneous rupture of the spleen, most commonly occurs secondary to a pathological inciting event.
- Most common causes include:
 - Malignancy
 - Infections
 - Inflammatory causes (pancreatitis)
- Very few documented cases with imaging currently exist in literature, lending to call for more established treatment chronology and recommendations.
- Here, we present a case of non-traumatic spontaneous splenic rupture in the setting of sepsis with subsequent peri-pancreatic abscess.

CASE PRESENTATION

A 34-year-old male with a history of alcohol use disorder presented for two days of severe left upper quadrant abdominal pain with radiation to the left lateral side.

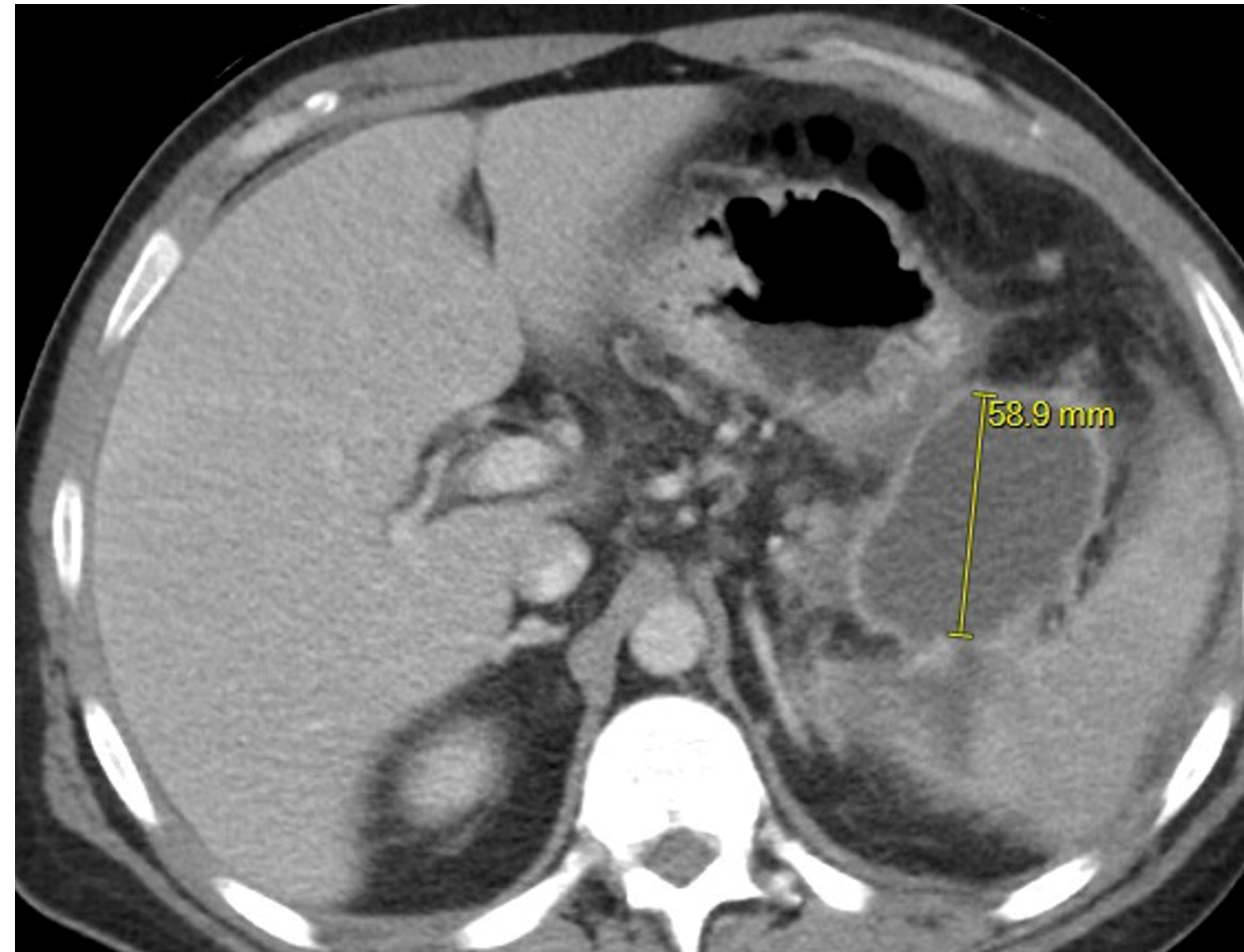
The patient denied any trauma to the abdomen, alcohol or new medication use

Vitals: T 37.4 C, **HR 140**, BP 106/86, RR 20, O2 sat 95% on room air.

Physical exam: **diaphoretic, tender to palpation in the LUQ, with scleral icterus.**

Labs: alk phos 125, AST 122, ALT 138, total bilirubin 3.1, lipase 107. WBC 18.1.

CT ABDOMEN & PELVIS



CT abdomen/pelvis was remarkable for **atraumatic splenic laceration** with pleural effusion bilaterally with compressive atelectasis. There was also an **encapsulated fluid collection at the splenic hilum/ pancreatic tail** with subtle peripheral wall enhancement.



MANAGEMENT & OUTCOME

The patient was seen by both gastroenterology and interventional radiology

The patient was treated with IV fluids, as well as antibiotic therapy and definitive management with percutaneous drain placement.

It was also established that the finding of pseudocyst and presentation made it difficult to provide the radiographic diagnosis of pancreatitis. Through serology and further history, the spontaneous splenic rupture was considered to be most likely caused by an inflammatory process such as acute or chronic pancreatitis.

DISCUSSION

In consideration of its pathogenesis, we discuss both the rarity of this pathology as a sequelae of pancreatitis as well as an almost idiopathic splenic laceration.

With our case, we call for further reading and literature on the diagnosis and management of atraumatic splenic rupture with subsequent abscess formation, and allow for unique imaging and our treatment methods to be presented amongst learners and practitioners

REFERENCES & ACKNOWLEDGEMENTS

No citations or references were used in the creation of this poster. Didactic education from medical school and residency training has been utilized for review and evidence.

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