

Hit Me with Your Best Shot: Splenic Laceration Post Colonoscopy

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INTRODUCTION

- With more than 16 million colonoscopies conducted each year in the United States, colonoscopy is the gold standard for detecting any colonic pathology. (1)
- The most common complications described are intraluminal hemorrhage (0.3–2.1%) and colonic (micro)perforation (0.1–2.5%). (2)
- Splenic injury during colonoscopy was initially identified by Wherry and Zehner(3) as a rare but life-threatening event.
- Here, we discuss a case of post colonoscopy splenic laceration associated with multiple polypectomies.

CASE DESCRIPTION

- 74-year-old female with hypertension, hyperlipidemia, on no blood thinners, presented 3 days after screening colonoscopy (16 polyps removed) to the hospital with complaints of left upper quadrant abdominal pain, weakness and fatigue without any GI bleeding.
- Of note, a previous colonoscopy 3 years ago with 18 removed, all benign, was uneventful. All her polyps were sub centimeter, required only hot and cold snare, no endoscopic mucosal resection.
- CT the abdomen revealed 3 cm splenic laceration grade 3 with subcapsular hematoma without bleeding (Figure 1).
- She was transfused 2 units of packed cells with improvement of her hemoglobin to 10.0 after which her blood count remained stable, she was monitored and treated for pain, and discharged successfully home after 2 days.

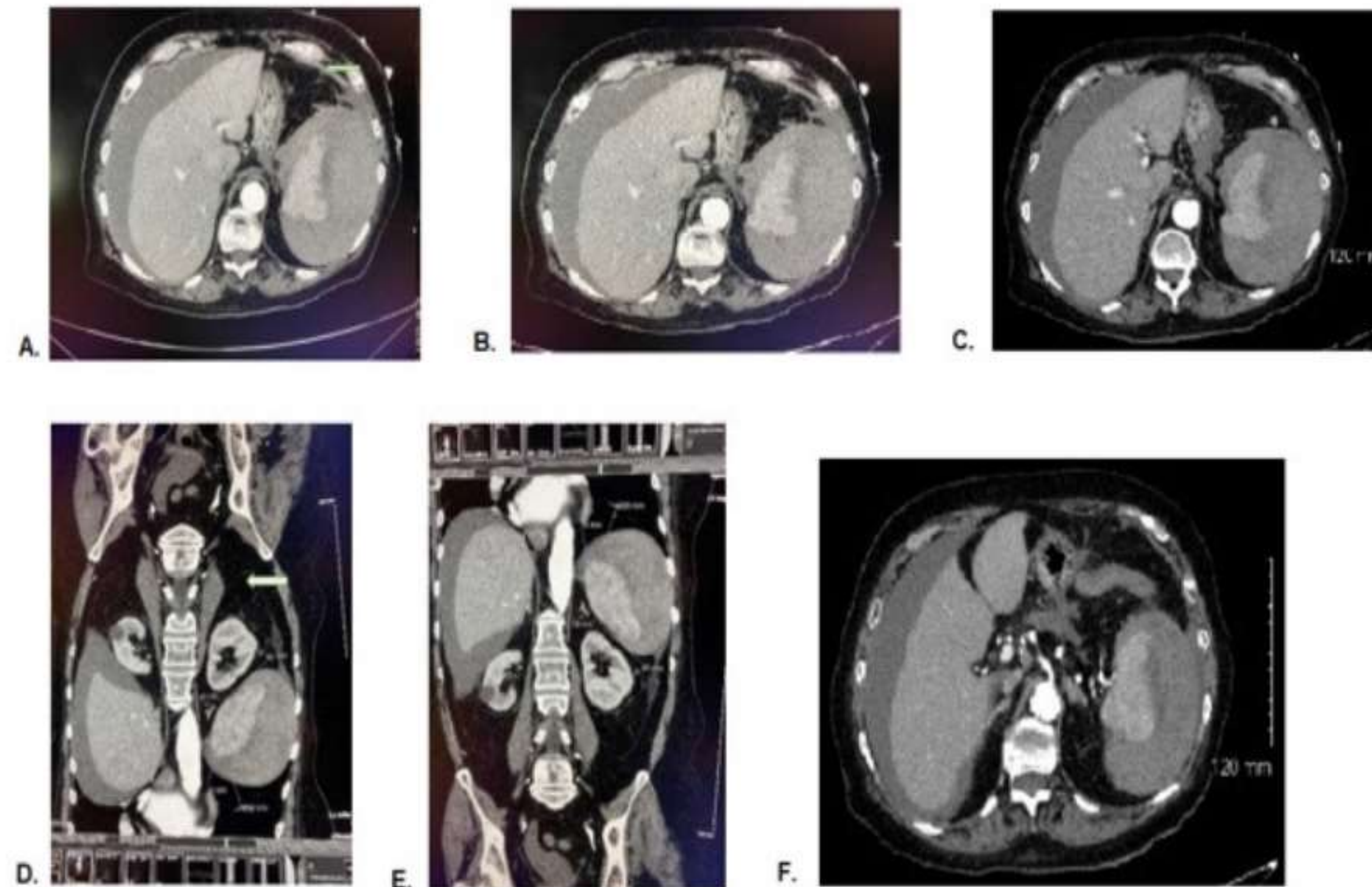


Figure1: A-F - Coronal view of linear lucencies within the spleen suggestive of lacerations. The largest measures 3 cm. There is also an 11 cm subcapsular splenic hematoma. There is no evidence of acute contrast blush. Findings are consistent with grade 3 splenic injury.

CONCLUSION

- Splenic injury has an incidence ranging from 1 in 100,000 to 1 in 6,387 colonoscopies.(4)
- The mortality rate for a traumatic splenic injury requiring splenectomy has been reported to be 25%.(5)
- A higher incidence has been observed when biopsies or polypectomies were performed during therapeutic colonoscopies, with polypectomy accounting for a 7-fold increase risk of adverse events. This complication may be avoided with a left lateral position and minimizing the external pressure. (6)
- Henceforth, we would like to draw your attention to the fact that a clinician should be extra cautious while doing these maneuvers since, while it is a rare complication, it can be life threatening.

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