# Spleenic Rupture In Pregnancy - In A Rural Based Tertiary Care Hospital

**Nipa Modi*, S.B Vaishnav**, Nitin S. Raithatha***.**

* Associate Professor, ** Professor & Head of the Unit.,*** Associate Professor,

Department of Obstetrics & Gynaecology, Pramukhswami Medical College, Karamsad, Dist. Anand, Gujarat 388 325

**Abstract:** Traumatic rupture of spleen is an uncommon but important clinical entity. This case report illustrates difficulty of this unrecognized diagnosis and remind us to suspect a spleenic rupture in from of any pregnant women with a typical abdominal pain and haemorrhagic shock.without any obvious obstretrical cause, with the history of fall or truma. [Modi N et al NJIRM 2013; 4(1) : 138-139]

**Key Words:** Acute abdomen, spleenic rupture, pregnancy.

**Author for correspondence:** Dr. Nipa Modi, Associate Professor, Ob/Gyn. department, Shree Krishna Hospital & Pramukhswami Medical College, Karamsad 388325,Gujarat.Email id : nipaam@charutarhealth.org

**Introduction:** Rupture of the spleen in pregnancy is rare and interesting condition because the danger of confusing this with obstetric complication, and the importance of pre existing disease of the spleen also there[1].

**Classification Of Spleenic Rupture**[2]

- Traumatic rupture of spleen.
- Spleenic rupture following antecedent disease.
- Spleenic rupture associated with toxemia of pregnancy.
- Spontaneous rupture of spleen.

**Case report :** A fifth gravida patient aged 30 years with 6 months of amenorrhea was admitted in emergency on 17th December 2009 at 7.30am. Patient had history of fell down while carrying bucket of water at her home and she had history of vomiting 3-4 times and complaining giddiness and irritability with abdominal pain.

On examination temperature was normal, pulse 120/min, B.P 110/70mm of Hg, patient was severely pale, Per abdomen uterus was 26 weeks size. Fetal heart sound not heard. There was no hepatospleenomegaly, no guarding and rigidity, no any external injury marks and no any vaginal bleeding, on beside USG on admission – IUFD and no rupture of uterus. 5-6 hours after admission there was sudden hypotension and abdominal distension. Flank puncture was done and blood was aspirated out and decision was taken for emergency laparotomy with surgeons.

On opening the abdomen by mid line vertical incision, there was gross hemoperitoneum, of about 1.6 litres of blood was there in peritoneal cavity, intact uterus was 30-32 weeks size, both ovaries were normal. There was no contusion or rupture over liver. There was interrupted bleeding from the spleenic hilar region and there was a contusion of spleenic hilar vessles. . Both paracolic gutters were checked for any injury or bleeding, no any positive finding. So decision was taken to go for spleenectomy and ligation of the spleenic vessels by general surgeon.

Because of the poor general condition of the patient and non availability of blood. The decision was taken not to go for hysterotomy and plan for induction of labour after stabilization of the general condition. Two intraperitoneal drains were kept. Abdomen was closed layer wise. Total intraoperative blood loss was 2.5-3 liters. Within 4-5 hours of laparotomy, patient went in spontaneous labour and preterm assisted vaginal breech delivery was conducted. There was no retroplacental clots or separation. Patient had received total 8 PCVs and 5 FFPs. Patient was explained about contraception also. The patient made a smooth recovery and was discharged 3 weeks later

**Discussion :** The important features of providing clue to diagnosis is frequently difficult because the presence of the pregnancy, leads the obstetrician to concentrate on the possibility of uterine or adnexal injury[3]. Classical triad of epigastric pain, Tenderness and Keher's sign is said to be characteristic of ruptured spleen.[4.] Once a diagnosis of rupture of the spleen as been made the only effective treatment is restoration of blood loss and immediate spleenactomy[8]. Spleenic rupture in pregnancy is a rare and frequently undiagnosed and Failure to recognize it is,

common and can be fatal for both mother & child. This case, illustrates the need to consider the rupture of spleen as part of diagnosis in pregnant women after trauma[6]. Early diagnosis and aggressive surgical intervention will allow for optimal maternal and parinatal outcome

Immediate surgical intervention is needed to ensure the survival of mother at least. All though the condition is rare it is lethal and should always been considered in the differential diagnosis of every pregnant women who develops an acute abdominal catastrophe, particularly if there is evidence of internal hemorrhage.[8]

**References**


1. A case report traumatic rupture of the spleen with delayed intraperitoneal hemorrhage during pregnancy Canada Med. Asso. Journal. Jan 14 1964 Vol. 90..
2. Krishna Dahiya, Archit Dahiya et al. Rupture of spleen in pregnancy, Journal of Gynecologic surgery Vol. 25, Issue I, March 23, 2009, (25 : 33)
3. Badenoch DF, Marice HD, Gilmore OJ, 1985 spontaneous rupture of a normal spleen. Journal of the Royal College of Surgeons of Edinburgh 31:326:327.
4. Kaluarachhi A, Kishnamurthys; 1995. Post caesarean section spleenic rupture a case report. American Journal of Obstetric and Gynecology.
5. Create ID, Payne My 1991. Is the diagnosis of spontaneous rupture of normal spleen valid ? Journal of the Royal Army Medical Corps. 137:50:51.
6. Ma Indoe, A H. Delayed haemorrhage following traumatic rupture of the spleen. Britis Journal of Surgery 20:249, 1932.
7. Ireneus C. JR Deasdorff, B.F and ehlers, G. Massive delayed hemorrhage following traumatic rupture of the spleen as a complication of full term pregnancy. Am. Journal 68-107, 1945.
8. SE O Brien, Spontaneous rupture of the spleen in pregnancy. Can med Assoc. J 1963 Sept. 28; 89 (13) 667-668



| Conflict of interest: None |
|---|
| Funding: None |