

Splenectomy in Banti's Disease

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The following is a brief resumé of a case of more than usual interest which was in Dunedin Hospital during 1925. I must acknowledge thanks to Drs. Williams and Newlands, Hon. Physician and surgeon respectively to the children's wards of Dunedin Hospital, under whose joint care the child was placed.

The patient, a girl of 10 years, residing in the country, was quite well up to the date of admission on 30th March, 1925, when she had a profuse haematemesis—said to be about one pint. No other symptoms whatever. On admission patient was not very anaemic—temperature 99, pulse 110, respiration 28—and seemed comparatively comfortable.

On examination the liver was found to be one and a-half inches below the costal margin, and the spleen about two inches down, while there was shifting dullness in flanks and fluid thrill obtainable. Blood examination :—Reds, 1,700,000; whites, 18,600; haemoglobin, 60 per cent. Differential :—Polymorphs, 44.5 per cent ; large lymphocytes, 7 per cent. ; small lymphocytes, 40 per cent. Wasserman reaction and hydatid complement fixation, negative.

The child was placed on medical treatment, and by 5th June, 1925, was apparently well, although she had occasional attacks of epistaxis and recurrent melena. Blood count on 5th June :—Reds, 5,200,000; whites, 8,600; haemoglobin, 85 per cent. Differential count shows normal proportions of the different white cells. At this stage patient was discharged relieved ; liver and spleen still enlarged.

She remained well until 1st August, when she began to feel "off colour" and "tired," and, on the 4th, again vomitted about one pint of blood stained material—said to be almost pure blood. She was readmitted to hospital on the 4th with pulse 120, respiration 30, temperature 97.4. Very pale and listless, and just after admission about eight ounces of blood was again vomitted. This time patient had extreme ascites—enlarged abdominal veins. Liver one inch below costal margin and spleen two and a-half inches down, and there was a haemic murmur at the apex. Count—Reds,

1,900,000, whites, 8,600.

On 23rd August paracentesis abdominis was performed and one and a-half pints fluid removed. On 3rd September this was repeated and half pint removed. On 16th, and 30th September and 10th October half pint citrated blood was transfused. The patient was much improved after these, and by 12th October, was sufficiently well to warrant the performance of splenectomy.

Operation.—The operation was performed by Dr. Newlands and anaesthetic administered by Dr. H. S. Kenrick (ether). Left paramedial incision was employed, and just above the umbilicus this was continued obliquely outwards across the left rectus muscle, which was divided after the sheath had been stitched.

On opening the abdomen there was very little free fluid. The liver was slightly enlarged and nodular showing early cirrhotic change. The spleen was isolated and found to have many omental adhesions which were divided between stout ligatures. The hilus was isolated and clamped off and tied, and tail of pancreas in the lienorenal ligament was carefully avoided and spleen removed without much difficulty. All vein areas were oversewn and the abdomen closed with tension sutures for the lower part of the wound. At the end of the operation another half-pint of citrated blood was transfused.

Pathology.—The removed spleen was reported on by Dr. Drennan to have lymphoid hyperplasia, with thickening of the capsule.

Subsequent Progress.—The patient had an uneventful convalescence, and by 16th November she was up and walking about—apparently perfectly well. Blood count :—Reds, 4,800,000 ; white, 8,400. Differential count :—Polymorphs, 55 per cent. ; lymphocytes, 25 per cent. ; haemoglobin, 85 per cent.

Child was reported on 15th January, 1926, to be still perfectly well with no symptoms whatever.

In view of the above encouraging result, and one subsequent similar result apparently, it seems that the question of splenectomy should be raised in most cases of splenic anaemia.