The diagnostic splenectomy: a review of 12 years' experience of the procedure at our institution

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Aim/Background: Splenomegaly is being detected more frequently thanks to improvements in imaging technologies. Several earlier studies on the diagnostic splenectomy (DS) reported that the most common pathological diagnosis was the lymphoma, followed by hepatic and infectious diseases. The incidence of lymphoma, however, varied greatly since the indications for DS are not well established and change over time. The purpose of this study is to compare the characteristics and the outcome of patients who underwent a DS with those who did not.

Methods: We conducted a retrospective search for “splenomegaly” in the computed tomography (CT) reports at our institution between 2004 and 2015 and identified all true cases. In order to exclude non-lymphoma cases, we reviewed the CT reports and medical charts. After identifying pathologically proven cases of lymphomas, we compared the patients who underwent DS with those who did not.

Results: A total of 3,864 cases of splenomegaly were identified. Among them, 246 cases were pathologically diagnosed without DS as a lymphoma. Of 9 patients who actually underwent a DS, lymphoma was pathologically diagnosed in 6, amyloidosis in 1, histiocytic sarcoma in 1, and a relapse of post-operated gastric carcinoma in 1 case. 11 patients were observed without DS, although suspected clinically of harboring a lymphoma. The characteristics of the DS and non-DS groups were as follows: the median follow-up periods were 29 and 28 months, the median age was 65 and 52ys, and the performance status (PS) of 0-1/ > >2/NA was 7/2/0 and 4/4/3, respectively. The average splenic length was 14.3 and 10.9cm, the 5-year survival rates were 0.88 for the DS group and 0.82 for the non-DS group. In the DS group, no patient died within one month post operation. Taken together, with respect to sIL-2R elevation > 10000U/ml, both groups showed a trend towards a poor outcome.

Conclusions: Primary physicians tend to bypass the DS and delay treatment when patients present a low PS. The prognosis of patients with splenomegaly, however, tends to be poor when the sIL-2R is higher than 10000U/ml. We suggest a DS or administering immediate treatment when patients with suspected lymphoma present splenomegaly with a high sIL-2R.

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