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Full Laparoscopic Total Splenectomy On Giant Splenic Cyst: A CASE REPORT

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Background : Cystic lesions of the spleen are rare lesions with approximately 800 cases reported in the world literature and can be parasitic or nonparasitic. Nonparasitic cysts are of two types: primary cysts and secondary pseudocysts. Primary cysts of the spleen are very rare and are also called true, congenital, epidermoid, or epithelial cysts. Splenic cysts are usually asymptomatic and often found incidentally during imaging studies.

Methods : We are presenting a case of a female with a large splenic cyst which was surgically treated by Full Laparoscopic splenectomy. A 24-year-old female underwent to digestive surgery policlinic with a mass in left upper quadrant of the abdomen. She also investigated for upper abdominal pain and abnormal bowel habit in the past two months. Physical examination: there are mass in epigastric regio. Haematological examinations were unremarkable. Computerized tomography with oral and intravenous contrast showed a 19 cm × 16 cm x 19 cm cystic mass arising from di the upper Abdomen. It was diagnosed suggestive mesenterial Cyst dd/ Pancreatic cyst, until laparoscopy diagnostic showed that the cyst is from the pole of the spleen. There was no septation and its contents appeared homogeneous.

Results : In this case, in the literature and the guidelines we could perform laparoscopic or open splenectomy. With the giant mass, open splenectomy is often selected, but considering the facility and resources, Laparoscopic splenectomy was decided. Laparoscopic was chosen because Patients who undergo laparoscopic splenectomy generally have lower rates of intraoperative blood loss, postoperative morbidity and mortality, a shorter length of hospital stay, as well as a more favourable body image and cosmesis than patients who undergo open splenectomy.

Conclusions : In this case, A Full Laparoscopic Total splenectomy was performed, there was no complication both intraoperative and post-operative care. Patient discharged on the third day after surgery.

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