

Meeting abstract

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Effective application of Ligasure in laparoscopic splenectomy for splenic abscess in an old woman – case report

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Background

Splenic abscess is a rare clinical condition with less than 600 cases described in the literature. Some reports suggest that splenic abscesses can be successfully managed with laparoscopic splenectomy. Nevertheless, no case of laparoscopic splenectomy with LigaSure employment has ever been illustrated for splenic abscess.

Materials and methods

We present the case of an 84-year-old woman, affected by essential thrombocythemia, monoclonal gammopathy and senile dementia, who was admitted in our Hospital for abdominal pain and high white blood cells levels. An abdominal CT scan showed splenic infarctual abscess and a broad-spectrum antibiotic therapy was arranged. Because of the unfavourable clinical evolution, a laparoscopic splenectomy was indicated.

Results

The laparoscopic intra-operative findings were splenic infarction, abscess in the lower part of the spleen and widespread inflammatory adhesions between spleen, greater omentum and parietal peritoneum. We performed laparoscopic splenectomy using Ligasure as device for dissection and vessels' sealing. The estimated blood loss was 230 mL. The postoperative course was uneventful, no blood transfusion was needed and the patient was discharged on the 12th postoperative day. Histopathological

examination confirmed infarction of the spleen and the presence of multiple abscesses.

Conclusion

Splenectomy for splenic abscess can be safely tackled by laparoscopy. In this setting, LigaSure can be used as an effective and striking tool to entirely perform the operation.