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LAPAROSCOPIC APPROACH TO A GIANT RUPTURED SPLENIC CYST: A CHALLENGING CASE REPORT

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Abstract.

Splenic cysts are rare; their absence of an epithelial wall determines whether they’re real cysts or pseudocysts. Spontaneous nonparasitic actual tumors are those that develop early in life at the anterior pole of the spleen and are typically epidermoid, dermoid, or endodermal. Surgical therapy is suggested for symptomatic, large (more than 5 cm) cysts or complicated. Inhaling splenic excision is a substitute for surgery, depending on the quantity, location, connection to the hilus, and dimension of the tumors. With an emphasis on less invasive treatments that preserve the spleen, laparoscopic methods have already established themselves as the accepted method for treating numerous disorders, including splenic cysts. They describe the effective decapsulation of a massive epidermoid spleen tumor under a prolonged, partially endoscopic technique. Laparoscopy, an operation commonly referred to as surgery with minimally invasive or keyhole surgery, is a technique that makes many tiny incisions in the belly to carry out different surgical procedures.

Key words. Endometriosis (ENDO), computed tomography (CT), Laparoscopic, Splenic cyst, Surgical, Tumours.

Introduction.

Splenic tumors are relatively rare, encompassing infectious and nonparasitic cysts, categorized as primary true and secondary (pseudocysts) [1-3]. This study evaluates therapy effectiveness for splenic cyst patients, including monitoring tumor antigen levels. While most splenic cysts are asymptomatic, they can cause complications such as growth, infection, or rupture [4-6]. Endoscopic therapy is preferred for nonparasitic mesenteric tumors, whereas spontaneous or traumatic fractures necessitate surgery. Recent reports highlight elevated specific markers in splenic cysts [7-9]. A ruptured hepatic cyst was successfully treated with emergency surgery. Insulinomas, often causing severe hypoglycemia symptoms, are relatively uncommon and may be diagnosed late, especially when linked to neuropsychiatric disorders. The UK sees a frequency of one to two cases per billion, typically presenting as punctures, measuring less than two centimeters, and often associated with splenic cyst rupture [10-13]. The spleen in the upper left abdomen plays a role in blood filtration and the immune system. While most splenic tumors are asymptomatic, cyst enlargement can lead to complications, including rupture. Laparoscopic cystectomy offers reduced pain, minimal tissue disruption, quicker recovery, and improved aesthetics [14]. This article also discusses pediatric hepatic cyst cases and their management. Endoscopic procedures have effectively treated nonparasitic splenic cysts, reducing infection risks. Musculoskeletal issues are common among laparoscopists due to the physically demanding nature of the surgical Approach. The cyst's size typically correlates with symptom severity. Surgical windows and doors have effectively prevented recurrences. Additionally, we describe the successful treatment of a spleen tumor using a specific therapy [15].

Case presentation.

A female patient, age 19, who suffered from discomfort in the left lower area, was sent to the hospital's trauma unit. The patient had a history of abdominal trauma but otherwise had a healthy medical history. A palpable bulge was found during a medical check in the left depression. The outputs of the typical hematological or the results of the biochemical testing were good. Chest and belly X-rays revealed an enlarged left hemi in the abdomen, and a rounded hypoechoic with intrinsic sounds and usual wall thickness was detected by abdominal Obstetric. They were encircled on the exterior by splenic tissue. On the abdomen computed tomography scan, an established, big, no-enhancing, unicellular cm attenuated cystic lesion in the upper pole of the spleen was discovered, ruling out a parasitic origin. The ailment caused the lungs to move higher, the left kidneys to move lower, and the lower abdomen and left liver lobe to move towards the right.

Additionally shown were pressure consequences on the pancreatic duct and spleen vein. The weights of both of them were recorded. Short tau inversion recovery was used in abdominal MRI research, with fast delayed graded echo 3D saturation and augmented images on the axial and transverse planes. Ideas with low first and elevated second signal intensities revealed a massive, distinct cystic mass.

As gadolinium was administered intravenously, it produced no improvement in the center, but there was a narrow, weak margin increase that might have represented a tablet. An early tumor was discovered, concealing it was torn and dragged downwards. The colon's hepatic flexion was moved, and the LigaSure 5-millimeter vascular closing device was employed to separate the splenocolic ligament. The gastroplenic ligaments, splenophrenic, and splenorenal ligaments were also severed and split, respectively. The cyst was next pierced with a syringe at the most prominent location, using the same safety procedures as when addressing a parasite cyst.
The pus was partly displaced, and a hypertonic saline solution was used to rinse the cyst chamber. Epithelial pieces containing no signs of cancer were visible in the evacuated cyst material, and biochemical testing revealed elevated levels of cancer antigen 19-9. Except for the wall bordering the remaining pancreatic tissue, the outer layer of the cyst was essentially resected using the ligature vessel sealing system, with excellent blood clotting while respecting the middle pole of the liver. A tube with a drain was then inserted into the situated remnant enlargement space chamber after the cyst capsule had been extracted using an endometriosis capture. The procedure took 135 minutes to complete despite losing 120 ml of blood. The histologist's evaluation of the newly resected substance exposed that it had been a fragment of a spleen tumor. Septations and many grayish-yellow, solid trabeculations have been observed on the inner surface. Hyalinized thick fibrous cells made up the cyst's wall, and keratinized squamous epithelial cells coated the outermost layer of the cortex. The inner layer was variable based on flattening a single-layer cuboidal to completely layered keratinized squamous epithelial cells.

There is no indication of the epidermal type of malignancies in the squamous epitheliums with stratification. The histological results supported its spontaneous epidermoid cyst diagnosis. Medically, the individual's recovery went well and quickly. The tissue surrounding the splenic leftover was mistakenly interpreted as having blood flow imperfections, especially in the outermost portion of the cyst-like building left in situ, on an additional abdominal computed tomography scan performed on the third afterward day, which revealed peril splenic accumulation of fluid and an air-filled space adjacent to the splenic cells the unaffected man received a complete removing the s as a result of computed tomography leads to that suggested postoperative vascular damage to rule out any possibility of hepatic ischemic. The procedure was performed straight stapling twice to prevent harm to the distant pancreatic. A catheter was inserted into the left subphrenic distance, where the fully resected kidney was recovered, and the remaining wounds were sealed as usual. A 45-minute process was completed without any blood loss. The removed specimen's histological analysis showed a microscopically complete splenic tissue known as par, but there was no sign of ischemic or stroke. The histological properties of the earlier excised cysts were shared by the duct walls connected to the remaining spleen. The individual had a smooth surgical naturally, received a vaccination versus diseases related to their spleen transplant, and got out a week afterward with an average abdomen US At ten days following surgery, the platelet count climbed by three and got out a week afterward with an average abdomen US. The individual had a smooth surgical naturally, received a vaccination versus diseases related to their spleen transplant, and got out a week afterward with an average abdomen US.

Figure 1. Plain chest X-ray.

Figure 2. Port positions.

Results.

In certain situations, laparoscopy decapsulation may be a suitable and safe treatment choice. This paper provides a novel technique that entailed clipping and flinging the spleen hilum on an arterial tape and graphing for the first time. Table 1 displays the numerical outcomes of the relationship months and u/ml. Intracystic bleeding occurred in 4 individuals with complicated shapes, and cystic rupture occurred in 3 cases. The table represents months and u/ml (range: 2 to 14).

Figure 3 refers to a data table or chart that contains information about the spleen. The table is used to represent how the size of the spleen changes over time, which means it tracks the growth or reduction in the spleen's size as time passes. The cyst's average size was 88.7 mm (5.3) (7-265 mm). Asymptomatic cysts were substantially smaller than functional cysts, with a mean width of 108.6 mm (7.2) and a median width of 67.9 mm (6.7). The median width of the complicated cyst was 97.6 mm (around 13.9). With increasing cyst diameter, the percentage of bothersome and complex cysts rose. While the majority of cysts less than 5 cm were asymptomatic. (Table 2) displays the numerical outcome age (years) and cyst mean size (mm).

Cyst size range (2-10) asymptomatic cysts was significantly smaller than functioning cysts, which have median and mean widths of 67.9 mm, 80.3 mm, and 7.2 mm and 6.7 mm,
respectively (p> b 0.04). Figure 4 represents the relationship between cyst mean size and Age.

Cyst mean size generates carbohydrates antibody cancer antigen 19-9 a glycoprotein. Pancreatic, biliary, or gastric tumors are linked to high levels. With a sensitivity and specificity of 77-88% and 84-90%, accordingly, cancer antigen 19-9 is employed for diagnosis in these situations as a maintenance indicator in the monitoring; however, benign diseases of this condition, pulmonary cholangitis, and cirrhosis may also result in elevated cancer antigen 19-9 stages, causing misleading positive findings.

The growth rate and size of a cyst, the underlying and personal circumstances, and the therapy are just a few of the variables and time. Table 3 displays the numerical outcome size and time.

Figure 5 depicts the relationship between time and size. Autoinfection of the spleen residual probably causes the first existence, but cessation of splenic autoinfection is not one of these characteristics.

Discussion.

Cystic tumors larger than 5 cm, which are nonparasitic, have a higher risk of bleeding, rupture, and infection, making surgery recommended for noticeable, large, or complex cysts. Liver transplantation, whether surgical or laparoscopic, is now the standard treatment for nonparasitic spleen cysts [16-18]. In recent years, spleen-preserving surgical approaches have gained popularity due to the spleen’s vital role in various bodily functions, including immunity, blood circulation, and disease defense. Minimally invasive endoscopic methods have become the preferred Approach for treating many diseases, including nonparasitic spleen tumors. These techniques include marsupialization, fenestration, partial cystectomy, and partial splenectomy, with the latter involving the removal of the cyst and some surrounding splenic tissue [19-21]. It has been observed that simply removing the tumor or performing marsupialization can lead to cyst recurrence. Still, recurrence is less likely when the entire cyst wall and surrounding tissue are removed. Decapsulation, which involves extensive cyst excision while leaving some of the cyst lining intact, is a faster and easier technique than partial splenectomy. The recurrence rate depends on the extent of cyst wall removal and is generally lower than with aspiration or marsupialization. While laparoscopic therapies for splenic disorders carry higher risks and more extended hospital stays than open cystic decapsulation, the latter has been successfully performed in adult and pediatric patients. In one case, a large acute splenic cyst patient underwent laparoscopic partial decapsulation to protect the spleen. However, due to suspected splenic ischemia, a complete splenectomy was performed three days later [22,23]. Iatrogenic spleen damage is a rare complication of various abdominal and heart surgeries and can include pseudoaneurysm, hematoma, laceration, contusion, and active

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Figure 3. Relationship between Months and U/ml.

Figure 4. Relationship between Cyst mean size and Age.
hemorrhage. Contrast-enhanced computed tomography is the preferred diagnostic imaging method for identifying splenic damage, especially in cases with complex preoperative histories. Splenic infarction can result from various conditions and may present with symptoms like severe left upper quadrant pain and fever. The appearance of splenic ischemia on a CT scan depends on the timing after the trigger event and can range from single wedge-shaped infarcts to scar-like defects [24]. In one case, postoperative CT scans suggested splenic ischemia after laparoscopic decapsulation, leading to complete splenectomy. However, histological analysis revealed an intact spleen with no signs of ischemia or infarction. Similar cases were not found in the literature. This emphasizes the importance of postnatal contrast-enhanced computed tomography in identifying potential spleen bleeding and guiding treatment decisions [25].

Conclusion.

Plenty of space inheritance splenic fibroid cysts can be treated successfully and safely alongside laparoscopy insufficient tumor decapsulation. This quick and straightforward procedure preserves the spleen, leading to minor bleeding and no significant complications after the operation. Contrast-enhanced CT is the preferred diagnostic imaging technique for identifying potential damage in individuals with challenging perioperative courses. To prevent needless splenectomy, the best management of a spleen injury, whether accidental or not, is crucial to consider both clinical signs and diagnostic findings.

REFERENCES