

Splenic lobe/segment dearterialization

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Dear Sir,

Dr's Larkin, Carroll, McCormick, and Mehigan present an interesting technique for the control of a bleeding spleen [1]. This technique has in fact been previously published as a lobe or segment dearterialization technique for the control of a bleeding spleen during left hemicolectomy in open surgery [2]. The use of this technique through a minimally invasive access is innovative.

Another difference in this technique can be noticed at a glance. An endoscopic, reloadable, linear stapling device cannot distinguish between the branches of the splenic artery and divide only the most inferior segmental branches without dividing the veins as well. Blind use of stapling instruments within the splenic hilus could be considered hazardous by some surgeons since partial or complete

stapling of the splenic vein could lead to further serious complications. As the authors take care to point out, one should wait and confirm a clear demarcation line prior to closing the abdomen.

Conflict of interest None.

References

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