

Torsion of wandering spleen

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A 30-year-old gravida 2 para 2 lady presented with severe lower abdominal pain and vomiting of 2 days duration with a similar episode 1 month back. Clinical examination revealed a large tender intra-abdominal mass in lower abdomen. Pregnancy test was negative. Blood count, liver and kidney function tests were normal. Abdominal ultrasonography revealed the spleen in the hypogastric region. There was no free fluid and the rest of the examination was unremarkable. Multidetector CT showed a “wandering spleen” in the lower abdomen with an abnormal horizontal axis (Fig. 1). The classic “whorl” sign (due to twisting of the vascular pedicle of spleen) was seen [1]. These findings were confirmed during laparotomy when splenectomy was performed. An abnormally mobile spleen (“wandering spleen”) is a rare clinical diagnosis. It accounts for 0.25 % of splenectomies. Failure of the fusion of the dorsal mesogastrium with the posterior abdominal wall during embryogenesis has been implicated in its pathogenesis. Women, especially multiparous, are 13-fold more prone due to weakness of the abdominal wall and laxity of the ligaments [1]. Torsion in the wandering spleen can be acute, chronic or

intermittent with varied clinical presentations [2]. Imaging helps in early diagnosis and treatment. The treatment options include splenopexy (viable spleen) or splenectomy (non-viable spleen) [2].



Fig. 1 Axial contrast enhanced MDCT image in the lower abdomen demonstrates the low lying “wandering” spleen with an abnormal horizontal axis (*arrow*) and the characteristic “whorl” sign (*arrowheads*) from twisting of the splenic vascular pedicle

Conflict of interest Authors have no financial disclosures or conflicts of interest.

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