Effectiveness and safety of minilaparoscopy-guided spleen biopsy: a retrospective series of 57 cases

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To the Editor,

We read with interest the comments from Yunqiang Cai and Xubao Liu on our paper. Proper patient selection is important when considering splenic biopsy as it is when considering biopsy of other intra-abdominal organs. To your respective comments:

- (1) In patients with disseminated infections, such as tuberculosis, peritoneal dissemination from splenic biopsy is likely not relevant for the outcome of the patients, because these patients will receive systemic medical treatment of these infection. Furthermore, in patients with splenic involvement of tuberculosis, there is frequent concomitant peritoneal disseminated disease at time of diagnosis. Benign cystic lesions or hemangioma with pathognomonic findings on imaging studies would not require biopsy.

- (2) In nine of ten patients with focal lesions, these lesions were easily identified during the procedure. In patients in whom a focal lesion not identified during laparoscopy, a biopsy directed at the site identified on imaging would be advised. Multiple passes with the needle could be considered.
- (3) Minilaparoscopic-guided spleen biopsy is a minimally invasive procedure performed under conscious sedation and therefore is significantly less morbid than a surgical approach, such as (partial-)splenectomy for tissue diagnosis alone. In special circumstances, such as solitary metastasis with a curative treatment option, a surgical approach should be preferred.

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