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Minimally invasive surgical treatment in patients with immunological thrombocytopenic purpura: total splenectomy by a hybrid mini-laparoscopic technique

Tratamento minimamente invasivo em pacientes com púrpura trombocitopenica imunológica: esplenectomia por uma técnica minilaparoscópica híbrida

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ABSTRACT: Two female patients, one 28 years-old, and the other 61 years-old, with a history of asthenia, purpura and thrombocytopenia (both <15,000 platelets / mm³). Once other etiologies were excluded, and the diagnosis of immune thrombocytopenic purpura (ITP) was established, corticoid therapy was started in both cases. However, the patients remained with a platelet count <20,000 / mm³, characterizing refractory ITP, and the splenectomy was indicated. The surgical team opted for a hybrid minimally invasive surgical procedure. Providing a better visualization of the surgical field, less abdominal trauma, greater technical dexterity, and early hospital discharge, the use of minilaparoscopic instruments proved to be a safe and effective approach for these patients.

Keywords: Laparoscopy; Splenectomy; General surgery; Purpura, thrombocytopenic.

RESUMO: Duas pacientes, uma com 28 anos e outro com 61 anos de idade, apresentavam quadro de astenia, púrpura e trombocitopenia (ambos < 15.000 plaquetas/mm³). Após a exclusão de outras etiologias e com o estabelecimento do diagnóstico de púrpura trombocitopenica imunológica (PTI), ambos iniciaram terapia com corticoides. Entretanto, ambos pacientes permaneceram com plaquetas < 20.000 /mm³, caracterizando PTI refratária e com a indicação de esplenectomia. A equipe cirúrgica optou por uma abordagem minilaparoscópica híbrida. Com uma melhor visualização do campo cirúrgico, menos trauma abdominal, mais destreza nos movimentos e com alta hospitalar precoce, o uso de instrumentos minilaparoscópicos se provou uma abordagem segura e eficaz para esses pacientes.

Descritores: Laparoscopia; Esplenectomia; Cirurgia geral; Púrpura trombocitopenica.

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INTRODUCTION

Immune or autoimmune thrombocytopenic purpura (ITP) is a hematological disorder, characterized by the production of autoantibodies against platelet membrane proteins, leading to the destruction of platelets by the reticuloendothelial system^{1,2}.

Despite the complications, ITP is benign and usually does not present central nervous system (CNS) or gastrointestinal bleeding. The first line of treatment is corticotherapy, or human immunoglobulin (in selected cases). If the condition persists with platelets $< 20,000/\text{mm}^3$ (even if asymptomatic) and/or bleeding (regardless of platelet count), splenectomy is suggested³.

Traditionally a laparotomic splenectomy would be the option; however, the minimally invasive approaches have been shown to be more effective in these cases and are currently considered the gold standard surgical treatment⁴. Among the laparoscopic procedures, a hybrid approach consists the use of mini-laparoscopic instruments and one or two regular 5 mm laparoscopic instruments⁵. It's called a hybrid procedure due to the use of a 5 mm instrument such as a vessel sealing device, unavailable in a 3 mm size.

The aim of this study is to report two successful cases of hybrid, mini-laparoscopic splenectomies to demonstrate its safety and effectiveness as an alternative to the current therapeutic methods.

CASE REPORT 1

A 28 year-old female patient, obese, diagnosed eight years ago with ITP refractory to corticoid use, with

a platelet count of $8,000/\text{mm}^3$. Since then, the patient has been presented with body pain, ecchymoses, and a diffused petechiae. Ultrasonography (USG) of the abdomen revealed hepatosplenomegaly; thus, a hybrid mini-laparoscopic splenectomy was proposed. Preoperatively, the platelet count was $22,000/\text{mm}^3$, and human immunoglobulin was infused.

Surgical Description 1

The surgery was performed with patient in right lateral decubitus position. Two low friction mini-laparoscopic trocars of 3 mm was used in the left right upper quadrant, a 5 mm trocar for the 7 mm vessel sealing forceps was used in the posterior axillary line, and a 11 mm trocar in the umbilical region was used for the optics.

Pneumoperitoneum was performed using the Hasson open technique under direct vision. The first step of the surgery was the dissection to separate the adhesions between the lower pole of the spleen and the splenic flexure of the colon. The vasa previa along the arcade was sealed using a vessel sealing device at the lower pole of the spleen.

This dissection continued superiorly to the upper pole of the spleen and the angle of His. Following the complete ligation of the vasa previa, only the splenic hilum remained as the blood supplier. The splenic hilum was approached and ligated with the vessel sealing device, after the complete mobilization of the spleen. An endobag was used to remove the spleen through umbilical incision.

The surgery was uneventful, with no further complications, and a total surgical time of 45 minutes. The patient was discharged in good clinical condition, three days following the procedure (Figure 1).

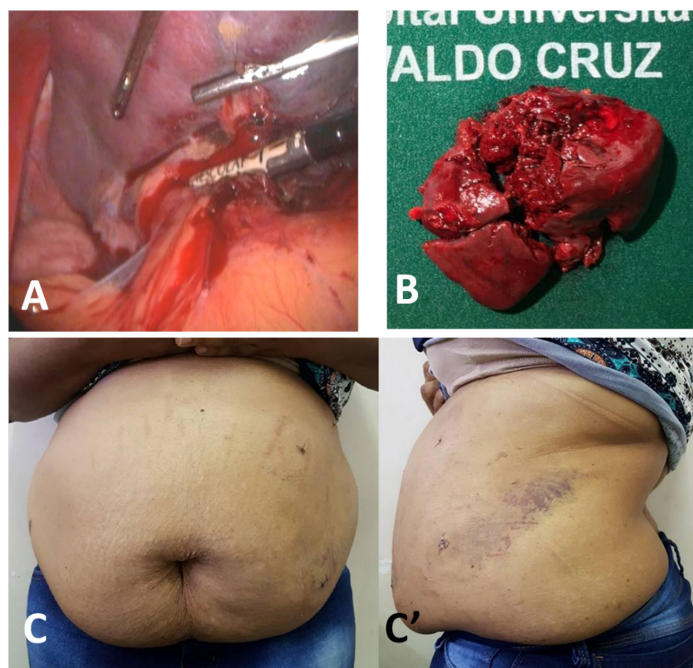


Figure 1. A. Minilaparoscopic instruments for spleen handling and vessel sealing device; B. Surgical specimen showing an enlarged spleen, about 190 cm^3 , with no signs of malignancy; C and C'. Abdomen at discharge (4th postoperative day) showing minimal scars

CASE REPORT 2

A 61-year old female patient was diagnosed with ITP for about six years, initially presenting with asthenia, purpuric lesions, and thrombocytopenia (15,000/mm³). Since then, the Hemotherapy Center had initiated her clinical treatment with corticosteroids, but the patient did not reveal a satisfactory clinical response. She presented episodes of bleeding, and a total, hybrid mini-laparoscopic splenectomy was proposed.

Surgical Description 2

The procedure was not technically different from the first case. The spleen was enlarged (190 cm³), with no visible lesions or the presence of liquids in the cavity. Mini-laparoscopic forceps, for spleen handling, and the vessel sealing device, were used to carefully seal prior vasa previa and the splenic hilum. The surgical specimen was removed through the umbilical scar. During the dissection of the spleen with the vessel sealing device, the heat caused a small lesion in the stomach, which was sutured with the mini-laparoscopic instruments (Figure 2).

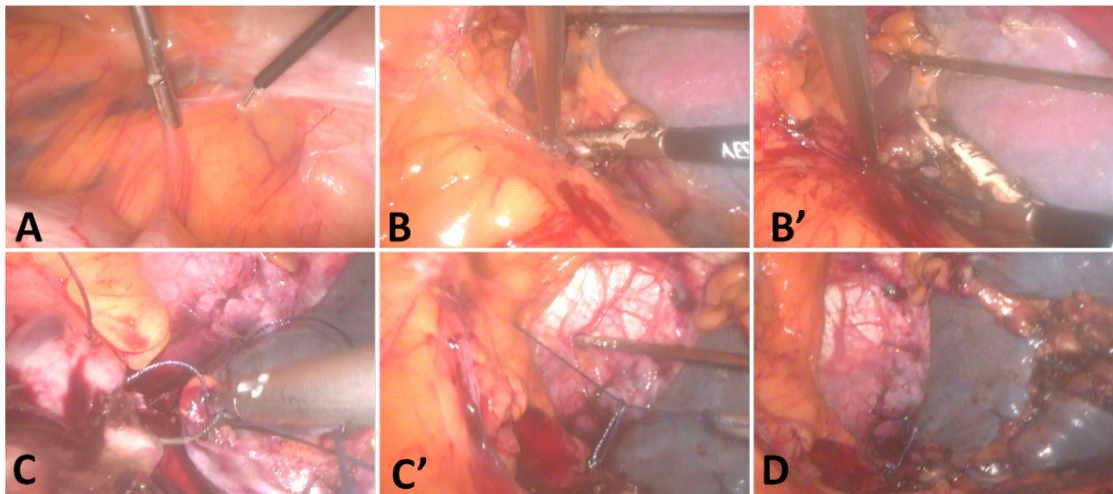


Figure 2. A. Insertion of the 3-mm minilaparoscopic trocars; B and B'. Resection of the spleen using a 5-mm vessel sealing device and 2 minilaparoscopic graspers; C and C'. Suture of the stomach due to energy lesion; D. Final view of the surgical field and the resected spleen

The surgery had no further complications, and a total surgical time of 60 minutes. The patient was discharged in good clinical condition, four days following the procedure. The anatomopathological study of the piece showed to be a congestive splenic tissue with no signs of malignancy.

DISCUSSION

The ITP is more prevalent in women of childbearing age, from 15 to 50 years-old, and the presence of purplish and bruised skin/mucous membranes is the most frequent complaint¹.

Diagnostic investigation should be initiated with a peripheral blood analysis and its diagnosis is made when there is: presence of isolated thrombocytopenia (< 100,000/mm³), with no alterations in the other series of the hemogram, and in the peripheral blood smear; and absence of other clinical conditions that occur with thrombocytopenia, such as infections, autoimmune diseases, neoplasia, and adverse drug effects^{1,2}. There are several, minimally invasive techniques to perform a splenectomy in patients with ITP: laparoscopy⁶, mini-laparoscopy⁷, and embolization^{8,9}.

At our center, the conventional laparoscopic splenectomy is broadly performed. However, we do not possess the possibility of performing a partial embolization of the splenic artery, preoperatively, despite its known advantages in elevating the platelet count and decreasing bleeding during surgery^{8,9}. Mini-laparoscopy is not commonly used to perform splenectomies, due to the size of the spleen, which would make the procedure more complicated. In our department, we have one surgical team with large experience in mini-laparoscopic procedures.

Mini-laparoscopy has been largely used in cholecystectomies and inguinal hernia repair¹⁰⁻¹³. Most randomized clinical trials (RCT), comparing mini-laparoscopy to conventional laparoscopy were performed in patients submitted to cholecystectomy, and three systematic reviews were performed^{14,15,16}. Mini-laparoscopy showed better aesthetic results when compared to the standard laparoscopic cholecystectomy. Moreover, Sajid et al.¹⁵ and McCloy et al.¹⁴ reported less postoperative pain post a mini-laparoscopic cholecystectomy, when compared to the conventional laparoscopic approach. However, there exist no studies comparing mini-laparoscopic and conventional laparoscopic splenectomies.

When comparing only the technical aspects of the minimally invasive technique, Firme et al.⁴ showed that for coarser approaches, conventional 5 mm instruments are preferable; however, for more precise and complex procedures, the low friction offered by 3 mm instruments are better. Besides, due to its smaller size, minilaparoscopy allows a better visualization of the surgical field. Other

more complex procedures have also been described¹⁷⁻¹⁹.

These cases reports describe successful, minimally invasive surgeries for the treatment of autoimmune thrombocytopenic purpura refractory to corticoid use. The hybrid mini-laparoscopic approach was proven to be a safe and effective method, and it should be included in the surgeon's therapeutic arsenal.

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