

# Management of massive splenomegaly

Victoria E. Hudson<sup>1</sup>  | Priya S. Rogers<sup>2</sup> | John M. H. Bennett<sup>1</sup>

<sup>1</sup>Cambridge Oesophago-gastric Centre, Addenbrookes Hospital, Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK

<sup>2</sup>Department of Radiology, Addenbrookes Hospital, Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK

## Correspondence

John M. H. Bennett, Cambridge Upper GI Unit, Addenbrooke's Hospital, Cambridge University Hospitals NHS Trust, Cambridge, UK.  
Email: [john.bennett@addenbrookes.nhs.net](mailto:john.bennett@addenbrookes.nhs.net)

## Abstract

A case demonstrating diagnostic and therapeutic rationale for surgical management of massive splenomegaly.

## KEYWORDS

follicular lymphoma, JAK2-positive myeloproliferative disorder, massive splenomegaly, splenectomy, Splenomegaly

## 1 | INTRODUCTION

57-year-old man presented with a 3-month history of fatigue, fever, and increasing abdominal pain. He had completed treatment for follicular lymphoma and JAK2-positive myeloproliferative disorder 2 months previously.

Clinical examination revealed abdominal distension consistent with splenomegaly. Computed tomographic imaging showed extension to the pelvis and right iliac fossa with mass effect over the ipsilateral kidney, stomach, pancreas and small bowel and perisplenic fluid (Figure 1).

White-cell count was  $1.5 \times 10^9/L$  ( $3.9\text{--}10.2 \times 10^9/L$ ), hemoglobin level 75 g/L ( $135\text{--}172\text{g/L}$ ) and platelet count  $44 \times 10^9/L$  ( $150\text{--}370 \times 10^9/L$ ).

Bone marrow biopsy showed no evidence of high-grade transformation of his low-grade B-cell lymphoma, nor extensive involvement by lymphoma or by fibrosis, and therefore failed to explain the degree of his splenomegaly.

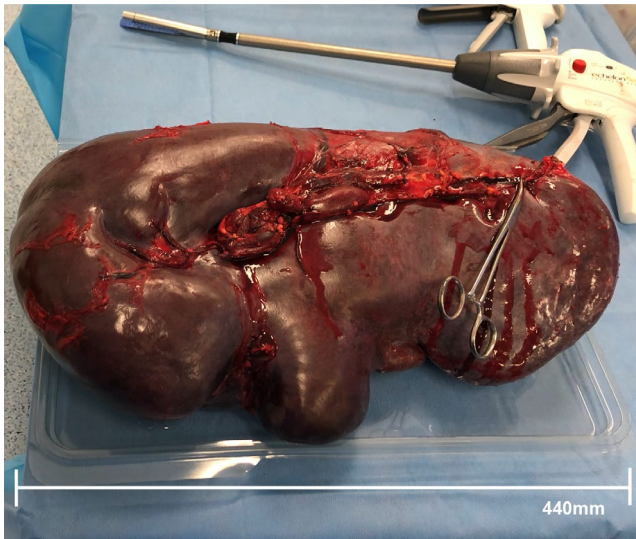
Post-operative examination found it to be 11.4kg and 44cm in length (Figure 2). Microscopic examination showed complete replacement with follicular lymphoma without evidence of myelodysplasia or myeloproliferative



**FIGURE 1** Coronal section of computed tomographic imaging demonstrating degree of splenomegaly, mass effect over the stomach, pancreas and small bowel and surrounding perisplenic fluid

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2021 The Authors. *Clinical Case Reports* published by John Wiley & Sons Ltd.



**FIGURE 2** Macroscopic image of spleen post operatively, measuring 440 mm in length and 11.4 kg in weight

neoplasm. The total anesthetic time was 4 hours 11 minutes. His recovery was uneventful, and he was discharged on post-operative day 7.

Unfortunately, our patient developed high-grade B-cell lymphoma and died as a result of disease progression 3 months later.

This case demonstrates therapeutic and diagnostic rationale for open splenectomy in massive splenomegaly.

#### **AUTHOR CONTRIBUTIONS**

VH and JB undertook conceptualization of this article. VH and PR drafted and revised the manuscript. JB undertook critical review of the manuscript and approved final manuscript for submission.

#### **ORCID**

Victoria E. Hudson  <https://orcid.org/0000-0002-7370-0118>

**How to cite this article:** Hudson VE, Rogers PS, Bennett JMH. Management of massive splenomegaly. *Clin Case Rep.* 2021;9:e04603. <https://doi.org/10.1002/ccr3.4603>