



Laparoscopic splenectomy: comparison between anterior and lateral approaches.

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AIM: Splenectomy, except for a traumatic purpose, is now performed through a laparoscopic approach. There are mainly two ways for laparoscopic total or partial splenectomies. For the classic anterior dissection of the splenic vessels, patient is placed in supine position and five ports are required to elevate the spleen and proceed to vessel divisions. With a lateral approach of the pedicle, patient is placed in lateral decubitus position and three ports are sufficient, because gravity help to provide traction on the splenic ligaments and to present hilar vessels and pancreas tail. The aim of our study was to compare surgical complications of those two approaches of laparoscopic splenectomy in children.

METHODS: We reviewed 84 medical records of patient operated on for hematological disease between January 1993 and December 2009.

RESULTS: There were 47 anterior and 37 lateral approaches. Sex, disease, median age, operative time, blood lost or hospital stay, and associated laparotomy were not different between the two groups. Operative complications included hemorrhage (5), bowel injury (1), diaphragmatic wound (1), pancreas tail section (1), and parietal hematoma (1) in the anterior group (9 cases) versus 1 hemorrhage in the lateral group ($P < .02$). There were five laparotomies owing to surgical complications in the anterior group, and none in the lateral group.

CONCLUSION: Splenectomy through laparoscopic approach is an effective technique. Lateral dissection of the vessels provides less operative complications in children.

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