Letter to the Editor

To the Editor, Clinical Anatomy:

We would like to comment on the paper by Treutner et al., "Vascular anatomy of the spleen" (1993, Clin. Anat. 6:1–8). Although the authors are technically correct in stating that a uniform nomenclature for the splenic vessels and segments does not exist, they have overlooked the paper by Voboril, who in 1985 proposed a nomenclature for branches of the lienal artery and for lienal segments. He also evaluated the splenic segmentation (1982a) and the possibilities of segmental spleen resection (1982b).

Cortés et al. (1988), in using a very similar technique as Treutner et al. (1993), described details of splenic segmentation, wherein small extrahilar arteries were mentioned penetrating the capsule and supplying small portions of the splenic parenchyma. In that study, those vessels (parahilar branches) were observed in 60% of cases examined (from 42 studied). It appears that partial resection of the spleen is now possible. Cortés et al. (1988) may be consulted for review of previous findings.

Michajlov (1972) reviewed vascular anastomoses between the stomach, spleen, and kidney. Direct interorgan venous anastomoses connecting parenchyma of neighboring organs are usual in laboratory animals (see Malinovsky et al., 1990a–d, 1991, 1992). From the surgical standpoint these anastomoses, as well as parahilar vessels described by Cortés et al., might be important and should be studied.

According to Voboril (1985) intersegmental borderlines (when present) correspond with incisurae of the margo superior of the spleen; however, Treutner et al. (1993) deny this possibility, in stating "the splenic segments cannot be distinguished from the surface."

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In conclusion, we suggest that a uniform nomenclature for the splenic vessels and segments be adopted a) that considers all hitherto findings, b) that human anatomy of interorgan anastomoses and perihilar vessels of the spleen be studied, and c) that the surface anatomy of the spleen be correlated to the spleen segments.

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