A rare complication after colonoscopy: a splenic rupture

Key words: Splenic injury. Splenectomy. Colonoscopy.

Dear Editor,

We have read the article “Splenic rupture after colorectal cancer screening” in your journal and would like to report two cases which were managed differently in our hospital.

The first case was a 40-year-old female who underwent a colonoscopy due to a family history of colorectal cancer. Two polyps were removed and she was admitted to the emergency ward due to abdominal pain 24 hours later. On physical examination, she did not have fever and was stable with pain in the left flank and no abdominal tenderness. A complete blood count (CBC) showed a Hb level of 10.2 g/dl. A computed tomography (CT) scan was performed, that identified a subcapsular splenic hematoma, with no free fluid. She was hospitalized for observation.

The second case was an anticoagulated 80-year-old male who underwent a screening colonoscopy, with no pathological findings. He was later admitted to the emergency ward due to abdominal pain and dizziness. On physical examination, he had low blood pressure and tachycardia. Resuscitation with fluids was started. An abdominal CT identified a splenic rupture with abundant free fluid. CBC showed Hb levels of 9 g/dl. An emergency splenectomy was performed.

Discussion

The best known complications after a colonoscopy are hemorrhage and perforation (1 and 0.1%). Any damage to the spleen is very rare (0.004%). The proposed mechanism is due to traction of the splenocolic ligament. Risk factors include female sex, anticoagulant and antiplatelet drugs, a history of previous surgeries and polypectomy. The most common signs and symptoms are abdominal pain radiating to the left shoulder (Kehr sign), hemodynamic instability and low hemoglobin levels. Abdominal CT with intravenous contrast is the preferred diagnostic technique. Treatment will depend on the severity of the splenic lesion and the clinical repercussions for the patient. In the case of hemodynamic instability, a splenectomy should be performed; in the absence of hemodynamic instability, observation or angioembolization are safe therapeutic options.

References