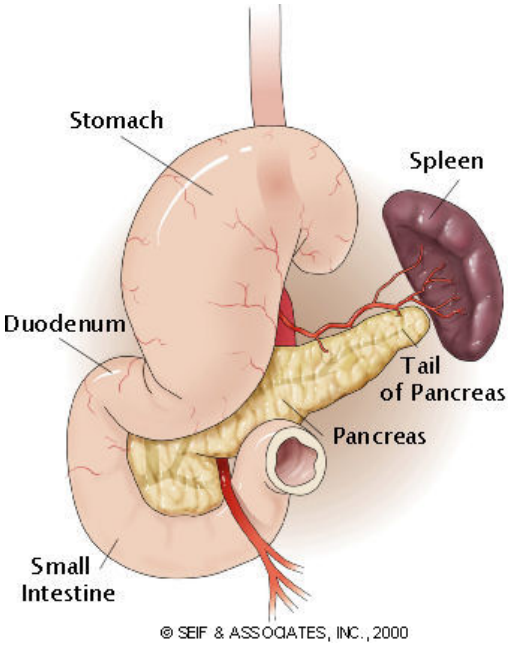
Splenic Injury
Ruptured Spleen

The spleen in an organ located in the upper left side of the *abdomen* (belly) just under the ribs. The spleen produces white blood cells and filters and cleans the blood. It also stores blood cells and destroys cells that are worn out. It is very important for fighting disease. It is a fragile organ that is easily injured by a blow to the abdomen. It is easier and more common to rupture the spleen in children. Adults more often may have an illness or other problem that enlarges the spleen and may cause it to break.



The spleen may be only bruised with some bleeding inside the covering and around the spleen. More often, an injury to the spleen causes it to break. Because the spleen has so much blood going to it, a break in the spleen is very serious and can be life-threatening.

SYMPTOMS

Often a minor splenic injury may have no symptoms. There may be minor abdominal pain. When bleeding from the injury is severe, the patient's blood pressure may rapidly decrease. This may cause some of the following problems:

- Dizziness or lightheadedness
- Rapid heart rate
- Thirst
- Belly tenderness and swelling
- Fainting (loss of consciousness)
- Sweating with clammy skin
- Nausea and vomiting
- Vomiting blood

DIAGNOSIS

Your caregiver may know immediately what is wrong by taking a history (asking what happened) and by doing an exam. If there is time, this is often confirmed by an ultrasound exam. This is an Imaging test using sound waves to show internal organs and tissues. Also a CT exam, or an MRI (specialized x-rays) are done. Other laboratory tests may be done to follow the blood and urine also. Sometimes laparoscopy is done. This is a test in which a pencil sized telescope is inserted into the abdomen to help with the diagnosis.

TREATMENT

SURGICAL

- If shock is present (blood pressure is too low), emergency surgery may be needed. There may be very little time for your surgeon to explain things to the family if this should happen.

TREATMENT WITHOUT SURGERY

- When injuries are less severe, your surgeon may think it is better to observe the injury. This avoids an operation and also is done to preserve the valuable spleen. The body keeps its valuable infection-fighting ability.
- A child who develops an infection following a splenectomy (post splenectomy sepsis or PSS) has about a fifty percent chance of survival. Adults develop this less often.
- When your surgeon thinks it is safe to monitor an injury, several days in an intensive care unit may be required. Fluid and blood levels will be followed closely. Intravenous fluids and blood transfusions are sometimes needed. Follow-up scans may be used to follow how the spleen is healing. The spleen has great abilities to heal itself. If watching shows the problems are getting worse, surgery will be a back up option.
- Even when the spleen appears to have healed well, your surgeon may want to continue following up on the injury. If the spleen were to rupture, the problems can be life threatening.

PROGNOSIS

How well everything goes depends on the amount of injury and later healing. Your surgeon will explain this to you.

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