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Modern Surgery - Chapter 27. Diseases and Injuries of the Abdomen - The Spleen

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the layers of the transverse mesocolon. In the case upon which I operated it had worked its way through the subperitoneal tissue into the right loin, and had been looked upon by Professor Montgomery and myself as a hydro-nephrosis. As a rule, the pancreatic cyst is immovable; but in rare instances it is movable. When a hand is placed in the loin and another on the abdomen, ballottement may be appreciated. If the distended stomach or colon overlies the tumor, there will be a tympanitic percussion-note; but when the tumor reaches the abdominal wall, there will be a dull percussion-note. On inquiring into the history of these cases, it will frequently be found that there has been a severe injury to the upper abdomen.

Treatment.—Exploratory incision makes the condition clear. In the majority of cases the cyst is incised, emptied, and stitched to the wall of the abdomen. This operation may be done in two stages, first exposing the cyst and fixing it to the abdominal wall; and, when adhesions have formed, opening it. As a rule, however, it is performed in one stage, the abdominal cavity being carefully protected with gauze. Some authors advocate exposing the cyst, opening and evacuating it through the abdominal wound, and draining through the loin. Complete extirpation is usually impossible because of the adherence of the cyst. If the cyst is movable, extirpation may be carried out; but incision and drainage is the safest operation.

Tumors and Other Growths of the Pancreas.—The pancreas may be affected with sarcoma, carcinoma, adenoma, tuberculous disease, or syphilis.

Treatment.—Attempts have been made to remove tumors of the pancreas. After an exploratory incision has determined the condition, the pancreas is exposed at the point at which the tumor projects. This is usually done by an opening in the gastrocolic omentum. If the tumor is in the tail of the pancreas, however, the exposure may be effected in the flank. When the tumor has been exposed, an attempt may be made to enucleate it. At the present time, however, these operations are in the experimental stage; though tumors of the splenic portion of the pancreas have been removed.

INJURIES AND DISEASES OF THE SPLEEN.

Wounds and Rupture.—A wound of the spleen causes great hemorrhage, and if no surgical aid is offered will rapidly produce death.

Rupture of the spleen produces the signs and symptoms of intra-abdominal hemorrhage. The blood clots so rapidly that it gathers in the left loin, and is not commonly diffused throughout the abdomen. Exploratory incision will be required to positively recognize the condition. In Elder's table there are 52 uncomplicated cases. Not a case was operated upon (operation was not the rule until 1890) and 84.6 per cent. died. Eisendrath has collected 50 cases operated upon: 56 per cent. recovered and 44 per cent. died.* F evrier † has collected 56 ruptures of the spleen. In 46 cases operation was performed and the mortality was 50 per cent.

Treatment.—The treatment is evident from the previous remarks. It

* Daniel N. Eisendrath: *Jour. Am. Med. Assoc.*, Oct. 25, 1902.

† *Rev. de Chir.*, Nov., 1901.

is as follows: Open the abdomen, the patient being surrounded with hot bottles and hot salt solution flowing into a vein. Explore, and if the spleen is damaged perform splenectomy (page 823).

Abscess of the spleen is a rare condition which is metastatic in origin. It may follow typhoid, may develop during pyemia, or may result from injury. Chronic suppuration may be due to tuberculosis or actinomycosis. Pain is felt, and enlargement is noted in the splenic region, and the symptoms of pyemia exist. It may become adherent to the belly-wall, may become encapsuled, or may rupture into a viscus or the peritoneal cavity. The **treatment** consists in incising at the outer edge of the left rectus muscle, suturing the spleen to the abdominal wall, opening the abscess and providing for drainage (Tédenat*). If the abscess is adherent to the abdominal wall, incise it directly.

Tumors of the Spleen.—The spleen undergoes hypertrophy in the course of infectious diseases, from amyloid disease, from leukemia, and from Hodgkin's disease. Genuine primary tumors are extremely rare. Fibroma, angioma, and sarcoma occasionally develop. Secondary carcinoma and secondary sarcoma are more common. Hydatid cysts occasionally develop.

Treatment.—The condition may only become clear after exploratory incision. For some tumors splenectomy is indicated. A hydatid cyst is treated as is a cyst of the liver (page 749).

Splenoptosis, or Wandering Spleen.—The spleen may wander into any part of the general peritoneal cavity. This condition is seldom met with except in women. It is most common in women who have borne children (J. Bland Sutton). A wandering spleen may undergo atrophy, engorgement, or axial rotation (J. Bland Sutton). The organ when displaced drags upon the stomach, producing dilated stomach; it may interfere with the bile-duct, causing jaundice; it may cause intestinal obstruction by forming adhesions, or may cause uterine retroflexion or prolapse by passing into the pelvis.

J. Bland Sutton says this condition may endanger life, as it may lead to rupture of the stomach, intestinal obstruction, splenic abscess, or splenic rupture.† A wandering spleen can be identified by the fact that it has a notch upon its edge, and can be pushed about the abdomen. When this condition exists the spleen may be missed from its normal situation. Always examine the blood in order to determine if leukemia or malaria exists.

Treatment.—Greiffenhagen advocates suturing the organ in place (spleno-pexy). Most surgeons prefer to perform splenectomy. In a case without leukemia the operation is very successful. Splenectomy for wandering spleen is rarely followed by serious blood-changes or other trouble. The reason is that a wandering spleen is usually a diseased organ, having undergone hypertrophy or fibroid change, and other structures have taken on splenic function. Splenectomy should not be undertaken if leukemia exists. In such a case apply a support and employ medical treatment for the existing disease or endeavor to suture the organ in place.

* Rev. de Gynéc. et de Chir. Abd., July, August, 1901.

† Brit. Med. Jour., Jan. 16, 1897.