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The surprise of diagnosis of a fluid collection around the spleen: Case report

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Aim: The most important objective of this clinical case presentation was to find the real cause of a patient who came in the emergency department for a clinical picture of a left renal colic.

Material & Methods: I present the clinical case of a 42 year old man, prisoner-convict who came in the emergency department together with a policeman who supervised him with sudden onset of left lumbar pain irradiate into the left flank and left iliac fosse (on the way of left ureter), pollakiuria, dysuria and macroscopic hematuria. At the objective examination: BP=130/80 mmHg, HR rhythmic=78 bates/min, normal vesicular sound, Giordano sign positive on left side, costovertebral and costo-muscle points sensible on left side, superior and middle ureteral points sensible. For this reasons the doctor from penitentiary sent the patient in emergency with the diagnosis: left renal colic, left kidney stone. The results of blood tests were in normal range, except the level of Hb=10 g/dl, Ht=42%, red blood cells =3.7 million cells/mcL. The abdominal ultrasound image showed all the organs normal, both kidneys normal as well but unexpected a free fluid collection around the spleen in small quantity but the capsule of the spleen apparent intact and without free liquid collection in the Douglas cavity. An abdominal CT was performed and relieved the same image with fluid collection around the spleen and all the organs normal. The patient was referred to the surgery department with suspicion of possible spleen fine fissure unobservable at echo and CT scan, because of the free fluid collection around the spleen, indifferent that the patient didn't recognize any trauma. After abdominal laparotomy, spleen was normal with intact capsule without any fissure and fresh blood around the spleen, but this came from a big hematoma localized in the posterior wall of the left kidney and migrates around the spleen and was solved with good evolution of the patient.

Results & Discussions: The clinical case is surprising and particular because in the first instance, the symptoms and signs suggest a left renal colic and the normal image of the kidney at abdominal ultrasound and CT scan not confer us safe that everything is normal, because it isn't possible to see the posterior wall of the kidney. Because the free fluid appears around the spleen, suggest in the first instance a possible fissure of the spleen, but in reality the fluid was migrated from big posterior hematoma of the left kidney, impossible to be detected. The diagnosis was really difficult, the convict and the policemen as well, didn't recognize trauma, but the reality was that the convict was hit-creamed without any ecchymosed on the skin.

Conclusion: Indifferent if a convict patient didn't recognize trauma, in this context of couple: policemen-convict, we must suspect a possible undeclared trauma. It is very difficult to put a diagnosis of a posterior hematoma of the kidney because ultrasound and CT-scan can see only the anterior side of the kidneys, blood migrate around the spleen and develop the possible suggestion of a fine fissure of the spleen and more than that in the first moment everything suggest like a left renal colic.

Biography

Manuela Stoicescu is a Consultant Internal Medicine Doctor and has completed her PhD in Internal Medicine. Currently, she is an Assistant Professor of Medical Disciplines Department, University of Oradea, Faculty of Medicine and Pharmacy, Romania, Internal Medicine Hospital and Office. She is a Member of Romanian Society of Internal Medicine and Romanian Society of Cardiology, Chemistry and Biochemistry.

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