



SPLENECTOMY WITH PROXIMAL PORTO-RENAL SHUNT

A 32 year old male patient was admitted in Parul Sevashram Hospital, with complaints of persistent abdominal pain and occasional vomiting in blood since last 3 years .

On examination patient had huge enlargement of his spleen & on further investigations, it was found that Hematologically, there was pancytopenia i.e Decrease in all cell lines (Hb, WBC & Platelets) which was suggestive of Hypersplenism.

Ultrasonography (USG) was suggestive of cavernous transformation of portal vein surrounding liver which indicated portal hypertension.

Upper GI scopy was suggestive of Grade – I Oesophageal varices. CECT abdomen was also suggestive of Portal Hypertension secondary to Splenomegaly and Oesophageal varices (dilatation of veins of lower end of oesophagus). Patient was also found to have **Splenic Artery Pseudoaneurysm**.

Patient was operative for Splenic Artery Pseudoaneurysm and **Splenectomy was performed with proximal spleno-renal shunt** (splenic vein anastomosis with left renal vein to divert blood flow from portal to systemic circulation)

Patient did well postoperatively, was put on full diet on 2nd day and discharged on 7th day.

Such surgeries are high end, complex, resource intense and require good and multidisciplinary perioperative care.

Operating Team : Dr Nitin Patel (GI & HBP Surgeon), Dr Hiten Patel (Vascular Surgeon), Dr Madhavan Iyenger (Prof. General Surgery), Dr Arpan Shah (Asst. Prof. General Surgery) Supported by Team of Anaesthesia.

