

# Management of Massive Splenomegaly

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## Abstract

57-year-old man presented with a 3-month history of fatigue, fever and increasing abdominal pain. He had completed treatment for follicular lymphoma and JAK2 positive myeloproliferative disorder 2 months previously. This case demonstrates therapeutic and diagnostic rationale for open splenectomy in, to our knowledge, one of the largest recorded spleens

## Images in Clinical Medicine Submission to Clinical Case Reports

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VH and JB undertook conceptualisation of this article. VH and PR drafted and revised the manuscript. JB undertook critical review of the manuscript and approved final manuscript for submission.

57-year-old man presented with a 3-month history of fatigue, fever and increasing abdominal pain. He had completed treatment for follicular lymphoma and JAK2 positive myeloproliferative disorder 2 months previously.

Clinical examination revealed abdominal distension consistent with splenomegaly. Computed tomographic imaging showed extension to the pelvis and right iliac fossa with mass-effect over the ipsilateral kidney, stomach, pancreas and small bowel and perisplenic fluid.

White-cell count was  $1.5 \times 10^9/L$  ( $3.9\text{--}10.2 \times 10^9/L$ ), haemoglobin level 75 g/L (135-172g/L), and platelet count  $44 \times 10^9/L$  ( $150\text{--}370 \times 10^9/L$ ).

Bone marrow biopsy showed no evidence of high-grade transformation of his low-grade B-cell lymphoma, nor extensive involvement by lymphoma or by fibrosis, and therefore failed to explain the degree of his splenomegaly.

Post-operative examination found it to be 11.4kg and 44cm in length. Microscopic examination showed complete replacement with follicular lymphoma without evidence of myelodysplasia or myeloproliferative neoplasm. The total anaesthetic time was 4 hours 11 minutes. His recovery was uneventful and he was discharged on post-operative day 7.

Unfortunately, our patient developed high grade B cell lymphoma and died as a result of disease progression 3 months later.

This case demonstrates therapeutic and diagnostic rationale for open splenectomy in massive splenomegaly.

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