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Pancreatic cancer complicated by splenic infarction and abscess

G. Çipe[1], V. Genç[2], A. Çakmak[2], E. Kuterdem[2]
[1]Department of General Surgery, Bezmialem Vakif University Medical Faculty, Istanbul, Turkey
[2]Department of General Surgery, Ankara University School of Medicine, Ankara, Turkey

Abstract
Pancreatic tail adenocarcinoma is both a diagnostic and therapeutic challenge. Despite technical and therapeutic advances, the prognosis remains dismal; the average survival time after diagnosis is characteristically only five to eight months. Both splenic infarction and abscess are very rare complications of pancreatic cancer. In this case of splenic infarction, the possible source of emboli should be carefully investigated. In addition, splenic abscess must be suspected in patients with splenic infarction, especially if the infectious signs persist despite appropriate treatment. Rapid diagnosis and treatment are essential as its course can prove fatal. The patient presented herein had a splenic infarct and abscess as complications of pancreatic tail carcinoma. The treatment of choice was splenectomy and distal pancreatectomy with resection of involved organs. The variability in clinical presentation and imaging studies warrants consideration of this entity in the differential diagnosis of many splenic and pancreatic lesions.
Key words: pancreatic neoplasms, spleen, abscess, infarction

Corresponding author: Gökhan Çipe, MD.
Bezmialem Vakif University, Faculty of Medicine
Adnan Menderes Bulvarı, Fatih/Istanbul, Turkey
Tel.: +90 212 4531700,
Fax: +90 212 4533563
E-mail: gokhancipe@hotmail.com