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Splenic Implant Assessment in Trauma

Al.L. Chiotoroiu[1], D.M. Venter[1], I. Negoi[1,2], C. Vârtosu[1], O. Plotogea[3], S. Pãun[1,2], M. Vartic[4], M. Beuran[1,2]

[1]General Surgery Department, Emergency Hospital Bucharest, Romania

[2]General Surgery Department, "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

[3]Gastroenterology Department, Emergency Hospital Bucharest, Romania

[4]Intensive Care Department, Emergency Hospital Bucharest, Romania

Abstract

Trauma is a global health issue, being the 4th death cause after cardio-vascular disease, malignancies and chronic pulmonary diseases and the main death cause among young people, under 45 years (1). The frequency of abdominal trauma is 10-12% of all polytrauma, and from all abdominal organs, the spleen and liver are the most often involved in polytraumatized patients case (2). The first purpose of a successful operational management is the control of active bleeding, and the second is preserving as much as possible of the destroyed organs. Over the last decades, the treatment of spleen traumas had been diversified, from nonsurgical treatment to surgical, also complex and diversified: from conservative treatment to splenectomy. Currently, from a therapeutic standpoint, the trends in spleen trauma are orientated towards conservative methods as the clinical and experimental data have shown that “it is better with the entire spleen than part of it, and better with a part of it than with none at all” (Raymond Hinshaw) (3).

Key words: autologous spleen implant, trauma

Corresponding author: Alexandru Laurenţiu Chiotoroiu, MD, PhD
General Surgery Department
Emergency Hospital Bucharest
No 8, Floreasca Street, District 1, 014461, Bucharest, Romania
E-mail: chiotoroiu@yahoo.com