Case	(748) Splenic traumatic injury in a patient whit splenic clefts: a case report.
Authors	A. Cano Duran, G. Ugena Diaz, L. Ortiz Fernandez, L. Alonso De Caso Garcia.
Centre	Hospital Universitario De Getafe.

CASE PRESENTATION

41 year-old-female presented to the emergency room after a high-speed motor vehicle accident, at presentation patient was hemodynamically stableandhermaincomplain was left sided abdominal pain. Initial plain film survey only showed 6th and 7th right ribs fracture.

Thoracoabdominal CT was then performed showing splenic lacerations, splenic clefts, perisplenic hematoma, and bilateral rib fractures. This case was classified as grade II according to a multidetector CT–based splenic injury grading system [1]. No previous studies were available for comparison.

Conservative management was successful in this patient and she was discharged home a few weeks later.

DISCUSSION

Grading splenic traumatic injuries in a patient whit congenital spleen anomalies like splenic clefts can be difficult, as cleft are hard to differentiate from lacerations when other signs of trauma are present,likeperisplenic hematoma in this case.

Cleft usually has smooth well-defined borders and other traumatic injuries are absent, while lacerations tend to have more irregular/shattered borders and other traumatic injuries are frequently present [2]. Also, they can be distinguished on delayed contrast phases of CT scans as laceration will show enhancement but cleft won't [2].

CONCLUSION

Knowing the difference between splenic clefts and lacerations in the traumatic setting its important for an accurate grading of splenic injuries. Precise grading its crucial as it has implications on patient management.

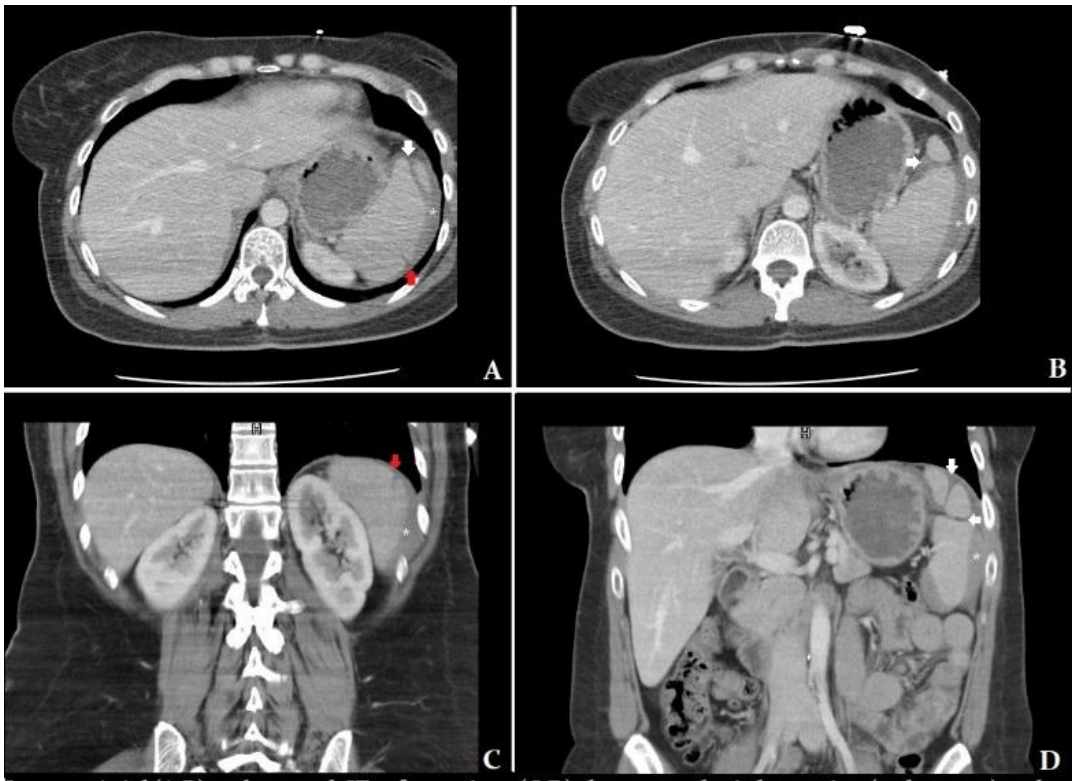

Image 1. Axial (A,B) and coronal CT reformations (C,D) shows an splenic laceration (red arrows) and multiple splenic clefts (white arrows), perisplenic hematoma is also shown (asterisks).

BIBLIOGRAPHY

- Marmery H, Shanmuganathan K, Alexander MT, Mirvis SE. Optimization ofSelection for Nonoperative Management of Blunt Splenic Injury: Comparison of MDCT Grading Systems. AJR Am J Roentgenol 2007. 189(6):1421–1427.

- Marmery H, Shanmuganathan K. Multidetector-Row Computed Tomography Imaging of Splenic Trauma. Semin Ultrasound CT MR. 2006;27(5):404–419.