

Wandering Spleen Presenting As Acute Abdomen During First Trimester

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A wandering spleen is an extremely rare anomaly. A normal size spleen is palpable in the lower abdomen or pelvis due to excessive mobility

Laxity of the abdominal wall and splenic ligaments due to the effects of hormones during pregnancy may predispose to this condition. The elongated splenic pedicle leads to torsion and the patient presents as a case of acute abdomen

Mrs. A.K., a second gravida aged 24 years reported on 9.3.97 with history of 3 months amenorrhoea and severe pain in the abdomen since morning. She had been having mild abdominal pain off and on for a week prior to this.

On examination, mild pallor was present, pulse was 100/min. B.P. 100/70mm HG, respiratory rate 24/min. Abdomen was soft, without any distension, with tenderness in the lower part. Uterus was just palpable. Bowel sounds were normal.

Per vaginal examination showed uterus corresponding to 12 weeks gestation, a solid lump 5" x 3" was felt through the left fornix, separate from the uterus, which was extremely tender. The right fornix was clear. There was no bleeding or discharge per vaginam

A clinical diagnosis of torsion of left ovarian cyst with pregnancy was made.

The patient was taken up for Laparotomy. The uterus corresponded to the period of gestation, both ovaries were normal in shape and size. On the left side, by the side of the ovary, a normal sized spleen, (recognized by notches on the sharp border) showing infarction, with a long twisted pedicle was seen.

Splenectomy was undertaken, the pregnancy being left undisturbed. Patient was kept on antibiotics and tocolytics postoperatively. She made an uneventful recovery and was discharged on the 12th postoperative day

Utero-Cutaneous Fistula- A rare complication of L.S.C.S.

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Smt. Suggi Devi 32 yrs, para 3+1 was admitted on 2.6.97 in the Obstetrics and Gynae. ward of Patna Medical College Hospital.

Her chief complaint was amenorrhoea- 8 months and monthly cyclical bleeding from L.S.C.S. scar since - 6months.

She had undergone L.S.C.S. for obstructed labour on 24.10.96 and was discharged after 8 days and readmitted on 22.1.97 with the complaints of pain and blood stained discharge from the wound. She was given conservative treatment to which she temporarily responded and was discharged from the hospital. On examination her general condition was good. There was a scab over the lower

part of the abdominal wound.

Her routine investigations were done and she was put up for laparotomy. Methylene blue was injected in the lower part of the scar in to the track. A sinus tract was found between the lower part of abdominal wound and anterior wall of the fundus of the uterus which was excised. Hysterectomy was done. The uterus was 8 weeks size and on cut section it was found that the uterine cavity was full of blood. The internal os was very tightly stenosed and hard to feel.

Utero-cutaneous fistula is a very rare complication of L.S.C.S. hence this case is being reported.