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Case Report

LATE POST-OPERATIVE SPLENIC BLEEDING AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY: CASE REPORT

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ABSTRACT

The risk of postoperative bleeding after laparoscopic sleeve gastrectomy (LSG) has been reported to be between 1% and 6%. Most of them occur in the early post-operative period. The bleeding may be intra or extra luminal. Late post-operative splenic bleeding is rare and not described in the literature. Here we present a case report with massive late post-operative splenic bleeding 10 days post routine LSG.

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INTRODUCTION

The risk of postoperative bleeding after laparoscopic sleeve gastrectomy (LSG) has been reported to be between 1% and 6%. Most of them occur in the early post-operative period. The bleeding may be intra or extra luminal. Late post-operative splenic bleeding is rare and not described in the literature. Here we present a case report with massive late post-operative splenic bleeding 10 days post routine LSG.

This work has been reported in line with the SCARE criteria *.

Presentation of Case

We present a 45 years old morbidly obese female patient with BMI 42 without comorbidities underwent LSG. The operative and post-operative course were uneventful with a stable hemodynamic state and CBC. The patient was discharged at POD2 feeling well with a prophylactic anticoagulation.

In POD 10 she was admitted emergently to the emergency room (ER) with a clinical presentation of severe abdominal pain with a stable hemodynamic state. The patient underwent CT which revealed a massive active bleeding from the spleen. But after a short time she developed signs of hypovolemic shock and was taken emergently to the operation room. In the operation there was a huge ruptured sub capsular splenic hematoma, a splenectomy was performed. In POD 4 the patient developed pulmonary embolism and was discharged in POD 7.

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DISCUSSION

If a patient presents to emergency room after and upper gastrointestinal procedures or bariatric operations with hemorrhagic shock you should suspect splenic rupture. During these operations the surgeon should take care of short gastric vessels and to clip them when it is possible technically.

CONCLUSIONS

Our review of literature shows that this late time of splenic bleeding post-operatively is extremely rare but possible complication.

References

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