

Management of an Obstetric Fracture of The Spleen in Rural Area of Guinea

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1. Summary

1.1. Introduction: The aim of this work was to determine the therapeutic aspects of a case of obstetric fracture of the spleen

1.2. Observation: This is a 30-year-old lady, housewife residing in Doghol Touma 100km [pita], admitted on 09/23/2023, in a picture of abdominal contusion with hemoperitoneum syndrome in whom abdominal ultrasound, ASP and biology were carried out. Preoperative resuscitation was performed. Under general anesthesia, the lesions observed were dominated by a fracture of the spleen with blood effusion. As a procedure, we performed a splenectomy, additional appendectomy, toilet and 2 drains: in the Douglas fir and the splenic compartment. The immediate aftermath was simple. The length of stay was 7 days.

1.3. Conclusion: Obstetric fracture of the spleen is rare. the diagnosis is clinical and paraclinical, the treatment is surgical supported by pre- and post-operative resuscitation. Reducing obstetric complications requires training rural birth attendants and continuing awareness of parturients in order to correctly follow ANC.

2. Introduction

The occurrence of an injury to the spleen is an exceptional complication of pregnancy and childbirth. The spleen is the intraperitoneal organ most often injured in blunt abdominal trauma [1].[1]

3. Observation

30-year-old lady, housewife living 100km from the urban commune of Pita, admitted on 09/23/2023 on the 2nd day of her delivery. A picture of abdominal contusion with hemoperitoneum syndrome and shock, following a home birth. Abdominal ultrasound revealed intra-abdominal fluid effusion, ASP showed diffuse grayness with ringed loops and aerogrelia. biology found anemia.

Preoperative resuscitation was carried out with fluids and blood transfusion. Under general anesthesia: we observe intraoperatively a hematic fluid effusion 600ml, a dilation of the loops, an epiploic contusion and the left colic angle, a fracture of the spleen on splenomegaly, a dilation of the loops and the ascending and transverse colon. As a procedure: a splenectomy was performed. Complementary appendectomy, drain in the Douglas fir and splenic compartment. The immediate aftermath was simple. The length of stay was 7 days. The lady benefited from these different vaccines.

4. Discussion

4.1. Frequencies

The occurrence of a ruptured spleen during childbirth is a very rare event and represents an extreme abdominal surgical emergency which very quickly puts the maternal vital prognosis at stake [1][1]. [2]] Barre et al in France collected: Ninety-five patients who suffered abdominal trauma during pregnancy.

4.2. Age

Abboud et al in France: A 35-year-old woman, primigravida, primiparous, presented to the maternity ward at 41 weeks + 2 days who suffered a laceration of the spleen in the immediate postpartum period [1] Boufettal et al in Morocco: Mrs. M. Z., aged 42, fourth child, fourth parent, with four living children. The last delivery dates back 15 days before her admission to the visceral surgical emergency department [3].

4.3. Circumstances

Barre et al in France: Abdominal trauma corresponded to a road accident [AVP] for 49 patients [51%], to a fall from their height for 39 patients [41%] and to violence for 7 [8%].] patients.



Figures

4.4. Evolution of the Trauma

Boufettal et al in Morocco: The last delivery was 15 days before his admission to the visceral surgical emergency department for trauma to the spleen [3]

4.5. Treatment

In Elbahraoui et al: A total splenectomy was performed after ligation of the splenic vessels, followed by drainage of the splenic compartment and plane-by-plane closures [2] In Balaphas et al: Patients received three vaccine prophylaxes after splenectomy

1. Against *Streptococcus pneumoniae* with a 13-valent vaccine [Prevenar 13] requiring no booster, or a 23-valent vaccine [Pneumovax] has been administered within 24 months.
2. Meningococcal conjugate vaccine A-C-Y-W135 [Menveo] requiring a booster at 4-8 weeks then every five years.
3. Annual flu vaccination.

In adults, vaccination against *Haemophilus influenzae* type B is no longer necessary, as is vaccination against diphtheria. Pediatric populations will be vaccinated against pneumococci, meningococci and *H. influenzae* if this has not been done routinely.

4.6. Antithrombotic Prophylaxis

Prophylaxis with an antiplatelet or anticoagulant agent is not recommended in cases of splenectomy without associated hematological disease [4].

4.7. Post Therapeutic Evolution

Barre et al in France, three patients [3%] presented obstetric complications after abdominal trauma: fetal death in utero, fetal porencephaly, premature delivery at 34 weeks due to premature rupture of membranes and retroplacental hematoma [5].

4.8. Duration of Stay

Elbahraoui et al: The postoperative course was simple and the postoperative checks were normal. The patient is declared discharged ten days after the operation [2].

5. Conclusion

Obstetric fracture of the spleen is rare. The diagnosis is clinical and paraclinical, the treatment is surgical supported by pre- and post-operative resuscitation. Reducing obstetric complications requires training rural birth attendants and continuing awareness of parturients in order to correctly follow ANC. Faced with any postpartum pain, always rule out trauma to the spleen.

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