

Presentation of Splenomegaly

Aetiology of Splenomegaly

- Portal hypertension (33%)
 - Chronic liver disease
 - Portal/splenic venous obstruction; Budd-Chiari; heart failure
- Haematological (30%)
 - Lymphoproliferative (usually with nodes)
 - Leukaemias (AML, CML, ALL, CLL)
 - Lymphomas
 - Myeloproliferative (usually without nodes)
 - Myelofibrosis
 - Polycythaemia rubra vera (PRV)
 - Essential thrombocythaemia
 - Haemolytic anaemias
 - Hb disorders: Thalassaemia, sickle cell disease (eventually leads to splenic atrophy)
 - Red cell structure: Spherocytosis/elliptocytosis
 - Enzyme: G6PD deficiency, pyruvate kinase deficiency
- Infection
 - Viral hepatitis
 - EBV, CMV, HIV
 - Bacterial
 - Infective endocarditis
 - Foreign/tropical
 - Malaria
 - Schistosomiasis
 - Visceral leishmaniasis (Kala-azar)
 - Tuberculosis, brucellosis
 - Hydatid cyst
 - Splenic abscesses
- Infiltration
 - Amyloidosis
- Connective tissue disorders
 - SLE
 - RA (Felty's syndrome: triad of RA, neutropenia and splenomegaly)
- Splenic metastases
- Genetic
 - Gaucher's disease, Niemann Pick, Histiocytosis X

Massive splenomegaly	Moderate splenomegaly	Mild splenomegaly
Myelofibrosis	Lymphoproliferative	PRV
CML	Portal hypertension	Haemolysis
Malaria	Thalassaemia	Infection
Visceral leishmaniasis	Glycogen storage disorders	Infiltration
		Connective tissue disorders

History in splenomegaly

- Presenting complaint
 - Abdominal distension

- Abdominal pain
- Constitutional symptoms: nights sweats, fever, weight loss, malaise
- Abnormal bruising/bleeding
- Past medical history
 - Malignancy
 - Connective tissue disease
- Family history
 - Malignancy
- Social history
 - Alcohol consumption
 - Travel history
 - Risk factors for viral hepatitis (see pages on viral hepatitis)

Examination of splenomegaly

- Anaemia
- Lymphadenopathy
- Signs of chronic liver disease
- Splenomegaly (differentiation from kidney)
 - Spleen has a medial notch, kidney doesn't
 - You can't get above the spleen (ribs overly it)
 - The spleen moves towards RIF with inspiration, the kidney moves posterior only (if at all)
 - The spleen is not ballotable like the kidney

Initial investigation of splenomegaly

- Blood tests:
 - Full blood count
 - Blood film
 - Liver function tests
 - Urea and electrolytes
 - Autoimmune screen
 - Inflammatory markers
 - LDH
- Ultrasound of abdomen

Further investigation and management of splenomegaly depends on cause but can include

- CT abdomen/pelvis
- Bone marrow aspirate and trephine
- Lymph node biopsy
- Full liver screen

Common questions concerning splenomegaly

- What are the causes of splenomegaly by size of splenic enlargement?
 - See table on previous page