

Trauma – Spleen (AB-34.2)

Blunt abdominal trauma can lead to splenic rupture or laceration. This can occur immediately after trauma or it can be delayed up to one week. Ultrasound or CT scan is indicated in any situation where splenic rupture is considered. For CT examinations, studies both with and without contrast are indicated to better assess extent of splenic injury, tissue viability, and presence of perisplenic hematoma.

Splenic injuries can be initially managed with surgery, angiographic embolization, and observation. There is currently no consensus as to the frequency or modality of follow-up scans in individuals treated with expectant management.

References

1. Killeen KL, Shanmuganathan K, Boyd-Kranis R, et al. CT findings after embolization for blunt splenic trauma. J Vasc Interv Radiol. Feb 2001;12(2):209-14.
2. Naulet P, Wassel J, Gervaise A, et al. Evaluation of the value of abdominopelvic acquisition without contrast injection when performing a whole body CT scan in a patient who may have multiple trauma. Diagn Interv Imaging. 2013;94(4):410-7.
3. Boscak AR, Shanmuganathan K, Mirvis SE, et al. Optimizing trauma multidetector CT protocol for blunt splenic injury: need for arterial and portal venous phase scans. Radiology. 2013;268(1):79-88.