

Splenic belly in a patient with myelofibrosis

Vientre esplénico en un paciente con mielofibrosis

Priscila Milagros Díaz Rodríguez¹,
Víctor Alonso Vargas Rubio²

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Figure 1. Cephalocaudal view.



Figure 2. Tangential view of left side.

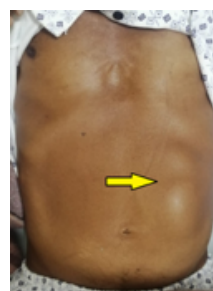


Figure 3. Cleavage visible on inspection.

A 70-year-old male, with a history of myelofibrosis secondary to polycythemia vera for 4 years, with treatment of folic acid, acetylsalicylic acid and hydroxyurea. He went to the hospital emergency room for asthenia, weight loss of 10 kg for a year and intermittent abdominal pain in the left hypochondrium for a month. On examination, stable vital functions, in the abdomen deformity was observed in the hypochondrium and left flank (Fig. 1 and 2). On palpation, a mass of consistency lasts up to one cm below the umbilical scar, painless, superficial, with the presence of two slits on its anterior edge, one of these being visible (Fig. 3) (yellow arrow) and little movable with respiratory movements.

Splenomegaly is defined as the ultrasound measurement of the craniocaudal dimension of the spleen in more than 13 cm¹, whose gold standard is the weight of the same in more than 250 g, data obtained only after splenectomy or post mortem. Clinically, a mild splenomegaly is found only at the percussion of Traube's space, Castell's point and Nixon's method²; and, the largest are palpable, with massive splenomegaly growing below navel level.³ The main causes of massive splenomegaly are: non-Hodgkin lymphomas, chronic myeloid leukemia, chronic malaria, leishmaniasis, myelofibrosis with myeloid metaplasia, and polycythemia vera.⁴ The term "splenic belly" refers to the deformation or bulging of the anterior wall of the abdomen, where you can

even recognize on its internal limit one or two slits, this due to a massive splenomegaly.⁵ There are some characteristics that allow differentiating a splenomegaly from the growth of other adjacent organs, such as the oblique location of the mass, which is superficial (does not allow the fingers to be introduced between the left costal ridge and the mass), anterior edge with notches and wide respiratory mobility.⁶ The latter can be diminished in massive splenomegaly, as in our case.

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CORRESPONDENCE:

Víctor Alonso Vargas Rubio
victor.vargas.rubio@upch.pe

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¹. Resident of internal medicine. Hospital Nacional Arzobispo Loayza. Facultad de Medicina Hipólito Unanue, Universidad Nacional Federico Villarreal, Lima, Perú.

². Internist. Emergency Room, Hospital Nacional Arzobispo Loayza. Facultad de Medicina, Universidad Peruana Cayetano Heredia, Lima, Perú.