

Laparoscopic Splenectomy for Immune Thrombocytopenia patients

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Background

- Immune thrombocytopenia (ITP) is an autoimmune disorder defined by a decrease of platelet count (PLT). Splenectomy is a second-line treatment for ITP whenever steroid-based therapy fails to achieve a sustainable remission.
- With progress in laparoscopic surgery, splenectomy remission rate may be superior to those reported in historical series.

Methods & Results

- Retrospective analysis of 38 patients with chronic ITP submitted to splenectomy from January 2012 to June 2016.

Table 1 – Post-splenectomy response definitions

Complete Response (CR) PLT $>100 \times 10^9/L$ without subsequent bleeding events (BE)

Partial Response (PR) PLT $50-100 \times 10^9/L$ without BE

No Response (NR) PLT $< 50 \times 10^9/L$ or continued BE

Relapse PLT $< 50 \times 10^9/L$ or a BE after meeting criteria for CR or PR

Results

Age at surgery (years, median, [IQR]) 51 [38-51]

Gender

Male (n, %) 9 (23.7%)

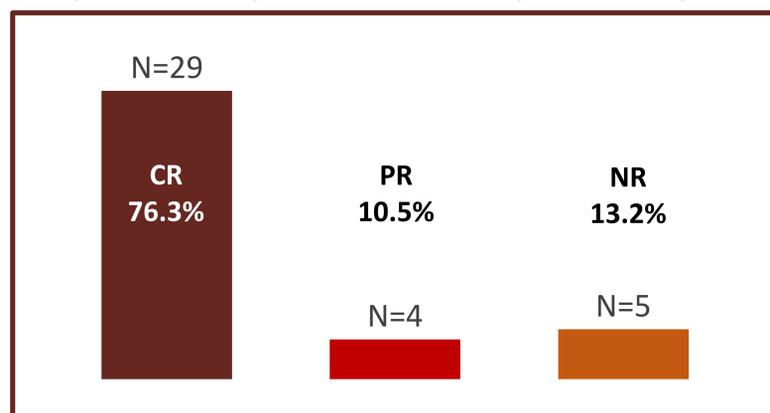
Female (n,%) 29 (76.3%)

Pre-operative PLT ($\times 10^9/L$, median, [IQR]) 105.5 [75.8 – 152.3]

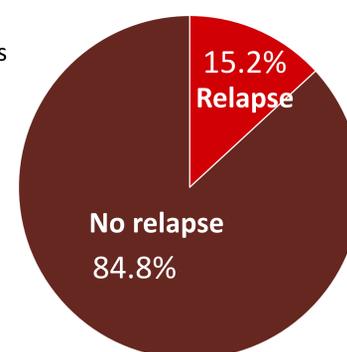
Postoperative morbidity (n, %) 0 (0%)

Conversion (n, %) 2 (5.3%)

Graphic 1 – Response rate after splenectomy



Graphic 2 – Relapse rate among 33 patients who achieved PR/CR



- 4 out of 5 patients who suffered disease relapse had an accessory spleen

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- Accessory spleen (AS) removed intra-operatively

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- AS identified by CT scan 2 years after surgery.

Cure Rate after Splenectomy
73.7%

Conclusion

- In our experience, LS is an effective second-line treatment for ITP. Our cure rate after LS was 73.7%. The presence of an AS, even if removed intra-operatively, seems to be related to a higher relapse rate. A close follow-up with CT scan must be considered in all ITP recurrence patients