

Pancytopenia and massive gastroesophageal bleeding due to hypersplenism treated with partial splenic embolization

Akhmadu Muradi, author

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Abstrak

Introduction: Portal hypertension may cause gastrointestinal complications; one of the most serious is a ruptured esophageal varices. Portal hypertension is also the main cause of hypersplenism, which in turn could lead to pancytopenia. Despite adequate therapy, some cases of hypersplenism could not be resolved. Partial splenic embolization (PSE) is an effective alternative method to treat this condition. **Method:** We reported two cases of hypersplenism treated with PSE. The first case was a 10-year-old girl with pancytopenia and a history of recurrent esophageal ligation. The second case was a 32-year-old man with recurrent episodes of hematemesis for two years before admission. **Results:** After the PSE procedure, the first patient's white blood cell and platelet doubled in one month after procedure and stable at follow-up three months later, with no complaint of hematemesis. The second patient's platelet doubled five days after the procedure. The first patient developed a complication of a splenic abscess, but after antibiotic administration and pus drainage, the condition was resolved. **Conclusion:** PSE is an effective method to treat hypersplenism secondary to the hypertensive portal. Treatment goals successfully achieved include improvement in blood count and control of bleeding. There are risks following PSE, but with adequate treatment, it can be overcome. **Keywords:** hypersplenism, partial splenic embolization, portal hypertension, pancytopenia