

**Clinical Image***Open Access, Volume 3***Splenic trauma after colonoscopy: Management and treatment****\*Corresponding Author: AI Fernandez Sanchez\***

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**Clinical image description**

Colonoscopy is an increasingly used diagnostic-therapeutic technique. Although it is a safe procedure, it is not exempt from complications, which are rare but potentially serious. We present the case of a 54-year-old woman who came to the emergency room for abdominal pain after a diagnostic colonoscopy, with anemia in blood test. In CT angiography, was detected a grade III splenic injury according to the classification of the American Association for Surgery of Trauma (AAST), without active bleeding. Due to clinical stability, a non-operative management was decided, with good evolution. Possible causes of splenic rupture are direct trauma to the spleen or excessive traction on the colonic mucosa during biopsy. Symptoms usually appear in the first 24-72 hours after the procedure and are usually abdominal pain and peritoneal irritation, as well as anemia. Abdominal CT is recommended as the imaging test of choice (Figure 1). Treatment of these patients can be extrapolated to management for traumatic splenic injuries. Based on the AAST classification, hemodynamically stable patients may benefit from non-operative management, although in grades IV and V an angiography would be recommended to rule out

active bleeding and perform prophylactic angioembolization. Therapeutic angioembolization would be indicated in stable patients with active bleeding. In the case of instability or signs of peritonism, urgent laparotomy is the treatment of choice. Some authors recommend performing control CT for the diagnosis of associated non-hemorrhagic vascular lesions, such as pseudoaneurysms. In conclusion, post-colonoscopy splenic rupture is a serious but infrequent complication, whose treatment will be determined by the stability of the patient and the presence of active bleeding in an imaging test.

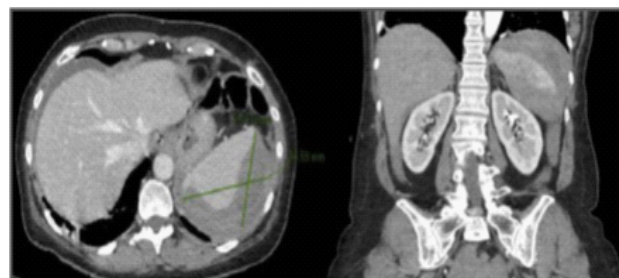


Figure 1

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