Summary

Spleen is a vulnerable organ and frequently sustains injury from the abdominal trauma in pediatrics and in all age groups. Frequency of splenic injury due to blunt trauma far exceeds than that due to other causes.

After blunt injury to the spleen, splenectomy was the preferred method of management till late seventies. Contemplations for the splenic salvage operations and nonoperative treatment for splenic injuries was increasingly been suggested for its invaluable functions. Splenic salvage is concepted when overwhelming sepsis in children after splenectomy is reported.

The idea of nonoperative treatment of selected pediatric patients with splenic injury was introduced in 1968. Still, it was not until the development of better diagnostic modalities in two subsequent decades that nonoperative management (NOM) became a more common treatment strategy in children.

Currently, the standard of care for a hemodynamically stable child with a splenic injury documented by computed tomography scan is nonoperative treatment with close monitoring by an experienced surgical team.

Morbidity and mortality are further compounded by the life-long risk of overwhelming postsplenectomy sepsis that is estimated to occur 85 times the rate of the normal population Even in regions with organized trauma systems, a significant number of children are likely managed at the general hospitals.

The objective of the early selective splenic arterial embolization is to improve the results of nonsurgical management proximal embolization has recently been used more extensively than distal embolization

Splenorrhaphy has become increasingly used for management of the traumatized spleen.It can be done with Direct sutures of the splenic parenchyma application of omentum or topical haemostatic agent with or without simple capsular sutures, Ligation of segmental vessels at the hilum or application of absorbable sutures (ladder or net either vicryl or Dixon).

Surgical techniques for splenic preservation (partial splenectomy and reimplantation) and perioperative pneumococcal vaccination are thought to decrease the risk for overwhelming pneumococcal sepsis syndrome in asplenic patients.