PART VI

SUMMARY & CONCLUSION

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This study on causes of splenomegaly in Egyptian children included fifty children aged from two and half to fourteen years; thirty eight of them were males and twelve were females. All cases were in-patients in the pediatric department of Ain-Shams University Hospitals.

According to the results of the clinical study and laboratory investigations of the patients, the main causes of splenomegaly were found to be bilharziasis (18 cases), chronic hemolytic anemia (16 cases), acute leukemia (9 cases), Hodgkin's disease (3 cases) and one child had post-hepatitic cirrhosis, another one had juvenile rheumatoid arthritis, a third one had veno-occlusive disease and the fourth one had subacute bacterial endocarditis.

Sex distribution showed male preponderance in the groups of bilharziasis, acute leukemia and Hodgkin's disease while in the group of chronic hemolytic anemia both sexes were equally affected.

Age grouping revealed maximum incidence of bilharzial splenomegaly above the age of 10 years while in the group of chronic hemolytic anemia and group of acute leukemia, the age ranged from 2 to 5 years in the majority

of cases. Hodgkin's disease on the other hand, was rare below 5 years of age.

Moderate to severe pallor was a salient feature in the group of chronic hemolytic anemia and group of leukemia, whereas it was mild to moderate in the bilharzial group and it was mild in patients with Hodgkin's disease.

Acute leukemia presented mainly by generalized lymphadenopathy, purpura, hepatosplenomegaly and fever, while Hodgkin's disease presented mainly by cervical lymphadenopathy and hepatosplenomegaly.

Liver and spleen were enlarged in all cases included in this study. In the bilharzial group marked enlargement of the liver was more frequently encountered than marked splenic enlargement in contrary to the hemolytic group.

Meticulous examination of the liver and spleen helped to reach the diagnosis.

Liver nodularity was not detected in any of the bilharzial cases which leads to the designation of fibrosis rather than cirrhosis.

Signs and symptoms of portal hypertension were not encountered in the majority of cases; only 3 cases

in the whole study had ascites and dilated tortous abdominal veins.

Sigmoidoscopy with rectal snip was essential in diagnosis of bilharzial cases, while bone marrow aspiration and lymph node biopsy were indispensible in the diagnosis of acute leukemia and Hodgkin's disease respectively.