



KOSOVA JOURNAL OF SURGERY

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Volume 8
Issue 1
June 2024
ISSN: 3027-5008 (Online)
ISSN: 3027-5016 (Print)

Authors' response to letter to the editor

Dear Selman URANUES,

Thank you for your insightful comments on my paper. I entirely agree with your suggestions, and I believe implementing your suggestions will increase the generic quality of the paper. Your constructive feedback is appreciated. I kindly request you to read my opinion, as they offer valuable insights and considerations regarding our paper. I believe careful consideration of my comments will contribute positively to the overall discussion. Splenectomy may be done for several reasons, including treating ruptured spleen, blood disorders, or spleen tumors and cysts. We know that the spleen serves several essential functions in the body. It acts as a blood filter, removing old or damaged red blood cells and platelets.

The spleen also plays a role in the immune system by producing white blood cells, storing platelets, and initiating immune responses to certain infections. Additionally, spleen can store and release blood in times of need, helping to regulate blood volume and composition^{1,2}. While the body can function without spleen, may increase the risk of certain infections, particularly those caused by encapsulated bacteria. While a splenectomy may be necessary in certain medical conditions, it can have consequences. Some potential consequences include an increased risk of infections, particularly those caused by encapsulated bacteria, as the spleen plays a crucial role in the immune system³.

Individuals without spleen might be advised to receive vaccinations and take preventive antibiotics. Individuals who have undergone a splenectomy are often advised to take preventive measures, such as vaccinations against specific bacteria 13-valent conjugated pneumococcal vaccine 23-valent polysaccharide pneumococcal vaccine meningococcal B vaccine, Hib vaccine, annual seasonal vaccine, and all splenectomies patients to take daily antibiotic prophylaxis for first few years, to mitigate the increased infection risk.

Overall, the consequences can vary depending on the underlying reason for the splenectomy and the individual's overall health.^{3,4,5} In our case we administered initial vaccination 2 weeks prior operation. So, prevention with vaccination, antibiotic prophylaxes and patients' education can reduce the risk of infection³. Regarding the

surgical Procedure treatment of the cyst depends upon the size of the cyst and related symptoms. In our cases, Intraoperative findings showed that the cyst originated from the spleen, was located deep within the spleen, and was surrounded by very thin splenic parenchyma.

An attempt to do partial splenectomy was not possible considering the possibility of bleeding, and a complete splenectomy was decided. We agree that partial laparoscopic or robotic surgery is the best option, but in cases with such a large cyst, partial splenectomy is sometimes not possible and must be converted to open surgery^{6,7,8,9,10,11,12}

The decision to perform a splenectomy is made based on the specific medical condition and its severity. Golmohammadzadeh, et al in analysis of 16 cases of splenic cyst, total splenectomy was done in 9 (56.25 %) and a partial splenectomy was employed for 5(31.2%).⁴ Surgeons must master both techniques as nowadays spleen-preserving techniques should be attempted in every case of splenic nonparasitic cyst¹². Contraindications for open splenectomy are few. For elective open splenectomy, the only absolute contraindications are uncorrectable coagulopathy and severe cardiovascular disease that prohibits the administration of general anesthesia.

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