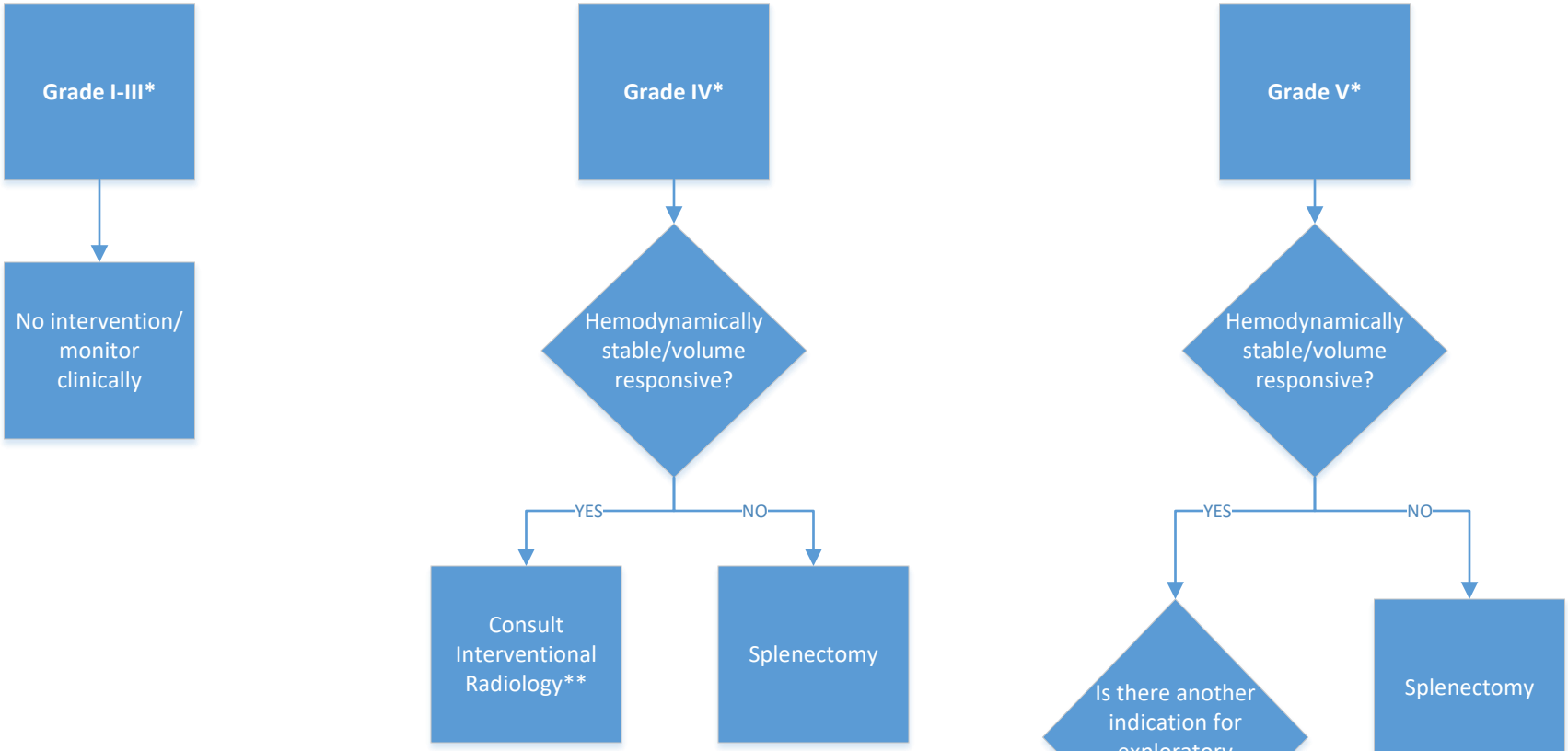
Management of Splenic Lacerations



Definitions:
- Volume responder – patients who present with SBP<90 and improve to SBP>90 with 4 or fewer units of blood products
- Transient responder – patients who present with SBP<90 and transiently improve to SBP>90, but decrease to SBP<90, necessitating further resuscitation. Treat as non-responder
- Non-responder – patients who present with SBP<90 and do not improve with resuscitation

***Patients with moderate to severe TBI should be considered for splenectomy after any splenic laceration with contrast extravasation**

****Patients requiring transfusion of 4 or more blood products after embolization should be considered for splenectomy**

Vaccines:
Administer splenectomy vaccines to all patients s/p splenectomy and offer to all patient s/p proximal embolization at two weeks post-procedure or prior to discharge

Updated 4/1/22

AAST Spleen Injury Scale
Classification

grade I:
- subcapsular hematoma <10% of surface area
- parenchymal laceration <1 cm depth
- capsular tear

grade II:
- subcapsular hematoma 10-50% of surface area
- intraparenchymal hematoma <5 cm
- parenchymal laceration 1-3 cm in depth

grade III
- subcapsular hematoma >50% of surface area
- ruptured subcapsular or intraparenchymal hematoma ≥5 cm
- parenchymal laceration >3 cm in depth

grade IV
- any injury in the presence of a splenic vascular injury* or active bleeding confined within splenic capsule
- parenchymal laceration involving segmental or hilar vessels producing >25% devascularisation

grade V
- shattered spleen
- any injury in the presence of splenic vascular injury* with active bleeding extending beyond the spleen into the peritoneum

Additional points
- advance one grade for multiple injuries, each up to grade III
- "vascular injury" (i.e. pseudoaneurysm or AV fistula) appears as a focal collection of vascular contrast which decreases in attenuation on delayed images
- "active bleeding" - focal or diffuse collection of vascular contrast which increases in size or attenuation on a delayed (i.e. later) phase