

P20. SPLENECTOMY IN CURRENT TREATMENT OF IMMUNE THROMBOCYTOPENIC PURPURA.

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Introduction. Splenectomy is the treatment used in patients with immune thrombocytopenic purpura (ITP) which do not respond to medical treatment.

Aim. To evaluate the results of splenectomy in ITP patients.

Material and method. During May I 2002 - December 2012 we performed 94 splenectomies in patients with ITP. The majority were performed through exploratory laparotomy with splenectomy or laparoscopic. Intraoperatory, the surgeon had to verify the existence of eventual accessory spleens that have to be extirpated and to avoid splenic rupture that might bring later to development of splenosis phenomena.

Results. Splenectomy went without complications in all 84 patients. There was no intraoperative death. Postoperative complications were observed in 11% of patients. We obtained a significantly decrease of intraoperative medium time from 186,2 minutes in the first 50 cases, to 133,3 minutes in the last 44 cases. Postoperative hospitalization media was 5,3 days. Accessory spleens were found in 8% of patients. After splenectomy 73,5% patients had an excellent platelet response, in 19,5% there was an higher increase of platelet count and 7% of patients had partial response. Preoperative results in corticosteroids therapy did not affect postoperative remission rate. The most reliable indicators of splenectomy efficiency were thrombocytes value $\geq 100,000/\mu\text{L}$ immediately postoperative.

Conclusions. Splenectomy is a safe technique with satisfactory remission rate in patients with ITP that do not respond to medical treatment. Postoperative immediately platelets value $\geq 100,000/\mu\text{L}$ are positive prognostic factor for postsplenectomy long term remission in patients with ITP.