

## Splenomegaly

### Presentation

#### Definition

- Spleen size >13 cm is considered enlarged.
- However spleen size does increase with height (0.2 cm for each 1 inch increase in height over 6 ft)

### Clinical Findings

- There are medical conditions where enlarged spleen maybe normal part of the disease (e.g. MPN, rheumatoid arthritis, TB).
- Splenomegaly Is a non-specific medical finding although there can have an underlying haematological cause in some cases.

### Causes

|                      |  |
|----------------------|--|
| Infection            | Viral (CMV, EBV, hepatitis)<br>Parasitic |
| Congestive           | Cirrhosis<br>Heart Failure               |
| Inflammatory         | Rheumatoid<br>SLE                        |
| Malignancy           | CLL/Lymphoma<br>Other solid malignancies |
| Infiltrative         | Gauchers                                 |
| Other Haematological | H.Spherocytosis<br>PNH<br>Thalassaemia   |

### History

Important Features include:

- Any recent infections
- Risk factors for HIV or hepatitis
- Past medical history of cardiac, liver or rheumatological disease
- Alcohol history
- Travel History

## Symptoms and Signs

- Are there constitutional symptoms suggestive of malignancy (fever, weight loss, night sweats)
- Assess for lymphadenopathy and hepatosplenomegaly

## Investigations

| Investigations in primary care should include | Investigations to consider in primary care |
|---|--|
| FBC and film                                  | Autoimmune profile                         |
| U+Es and LFTs including GGT                   | USS of abdomen                             |
| Reticulocytes                                 | NT-ProBNP                                  |
| CRP   | Lactate dehydrogenase ,haptoglobins        |

## Referral

### Haematology

- Spleen is <16 cm with symptoms of lymphoma
- Spleen is enlarged with signs of:
  - a) Bone marrow failure (cytopenia)
  - b) Systemic symptoms of lymphoma (e.g. B symptoms)
  - c) Evidence of significantly raised LDH, paraprotein, adenopathy or enlarged liver.
  - d) High haemoglobin or raised platelet count
  - e) Blood film with evidence of myelofibrosis
  - f) Persistently elevated lymphocyte count
  - g) Haemolysis (low haptoglobins, raised LDH and reticulocytes, positive DCT)
- If no symptoms, no adenopathy, normal haematology then repeat scan in 6 months and refer if increase in size or signs and symptoms as above.

### Gastroenterology

- History of alcohol or liver disease
- Abnormal clotting/LFT's/low platelets

### Rheumatology

- History of rheumatological condition or positive AI profile

### Cardiology

- History of heart failure (NT-ProBNP)
- Splitters/murmer/PUO

## References

Pozo AL, Godfrey EM, Bowles KM. Splenomegaly: investigation, diagnosis and management. Blood Rev. 2009; 23(3):105–111. [PubMed: 19062140]