****

**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)  Parasitic |
| Congestive | Cirrhosis  Heart Failure |
| Inflammatory | Rheumatoid  SLE |
| Malignancy | CLL/Lymphoma  Other solid malignancies |
| Infiltrative | Gauchers |
| Other Haematological | Hereditary Spherocytosis  Paroxysmal Nocturnal Haemoglobinuria  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:

1. Bone marrow failure (cytopenia)
2. Systemic symptoms of lymphoma (e.g. B symptoms)
3. Evidence of significantly raised LDH, paraprotein, adenopathy or enlarged liver.
4. High haemoglobin or raised platelet count
5. Blood film with evidence of myelofibrosis
6. Persistently elevated lymphocyte count
7. 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/murmur/PUO

**References**

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