

# Rare cause of spontaneous spleen bleeding: a case report and literature review

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Rupture of the spleen is a serious medical condition manifesting as a sudden abdominal event, potentially life-threatening. Spontaneous spleen rupture is a rare condition. Atraumatic rupture of the spleen is a very unlikely condition. Risk factors include splenomegaly, hemato-oncological diseases, and infections, such as malaria or infectious mononucleosis. Extremely rare is splenic rupture described in autoimmune disease or vasculitis. There has been no reported case of spontaneous splenic rupture as a first manifestation of Churg- Strauss syndrome so far.

**Key words:** spontaneous spleen rupture, Churg-Strauss, vasculitis.

## Zriedkavá príčina spontánneho krvácania sleziny: kazuistika a prehľad literatúry

Ruptúra sleziny je závažný, potencionálne život ohrozujúci stav manifestujúci sa ako náhla brušná príhoda. Spontánna ruptúra sleziny je veľmi zriedkavá príhoda. Atraumatické ruptúry sleziny bývajú asociované s rizikovými faktormi, ako sú: splenomegália, hemato-onkologické ochorenia a infekcie, ako malária a infekčná mononukleóza. Extrémne vzácne sú zaznamenané prípady ruptúry sleziny pri autoimunitných ochoreniach alebo vaskulitídach. Zatiaľ nebol popísaný prípad spontánnej ruptúry sleziny, ako prvej manifestácie Church- Straussového syndrómu, ktorý prezentujeme v tejto kazuistike.

**Kľúčové slová:** spontánna ruptúra sleziny, Churg-Strauss, vaskulitída.

## Introduction

Rupture of the spleen is a serious medical condition manifesting as a sudden abdominal event, potentially life-threatening (1). In most cases, rupture of the spleen is a result of a trauma. Spontaneous spleen rupture is an extremely rare condition and is usually not taken into consideration in the differential diagnosis of acute abdominal pain (1-2). In this report, we present a clinical case of spontaneous spleen rupture in a patient with unknown autoimmune vasculitis, as a first manifestation of disease.

## Clinical Case

A 52-year-old woman with previous history of asthma bronchial disease was examined at the emergency department with abdominal pain and repeated vomiting. She gave a history of fatigue, weight loss of 8 kg, pain in the upper abdomen lasting for months. She indicated regular use of prednisone, PPI, and diuretics. Clinical examination pointed pain in epigastrium. Laboratory tests showed serious hyponatraemia (119 mmol/l) and hypochloreaemia (85 mmol/l), normocytic anaemia, and elevated level of C-reactive protein (50mg/l). Patient was admitted to

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