and affects small or medium-size vessels of any organs (7). Together with Wegener's granulomatosis and microscopic polyangiitis belong to vasculitis associated with the presence of antineutrophil cytoplasmatic autoantibodies (ANCA) (8). According to available papers, traces of ANCA antibodies have been found in 40-75% of patients. Estimated incidence is approximately 2,5 cases per 100 000 adults per year. The average age of patient is 50 years (9). Diagnosis can be difficult. The American College of Rheumatology suggested six criteria for diagnosis Churg-Strauss syndrome: presence of asthma, eosinophilia of more than 10 % in peripheral blood, paranasal polyps or sinusitis, pulmonary infiltrates, histological proof of vasculitis with extravascular eosinophils and mononeuritis multiplex (or polyneuropathy) (10). The prognosis depends on the start of the treatment. Without treatment, 5-year survival rate of patients is about 25% (11). The disease is obscure, with minimal symptoms and a variable clinical picture. Spleen involvement is rare and usually presents as splenic infarction. There is no reported case of asymptomatic splenic rupture associated with Churg-Strauss disease.

Conclusion

Spontaneous spleen rupture is an extremely rare condition and usually is not considered in the differential diagnosis of acute abdominal pain. In this report, we presented a clinical case of spontaneous spleen rupture in a patient with unknown Churg-Strauss disease, as a first manifestation of disease.

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