17. SPLENECTOMY/HYPOSPLENISM

17.1 CAUSES

- Surgical splenectomy
- Sickle cell disease (not sickle cell trait)
- Coeliac disease

Potentially life-threatening infection is the major long-term risk of hyposplenism. Most commonly pneumococcal infection, H. influenza type B & Neisseria meningitides.
Rarer causes include E. coli, Malaria, Babesiosis, Capnocytophaga canimorsus (dog bites)

Asplenic patients should be strongly advised of the increased risk of severe falciparum malaria, should take all antimalarial precautions/prophylaxis and ideally avoid holidays in malaria-endemic areas.

17.2 MANAGEMENT

17.2.1 Immunisations

See current Greenbook guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857279/Greenbook_chapter_7_Immunsing_immunosupressed.pdf

NB:

- All routine vaccines, including live vaccines such as measles, mumps and rubella (MMR) can be given safely to children or adults with an absent or dysfunctional spleen.
- Asplenia or hyposplenism is not a contra-indication for live vaccinations prior to travel (eg. yellow fever and live oral typhoid vaccine).

17.2.2 Antibiotic prophylaxis

Lifelong prophylactic antibiotics should be offered to patients considered at continued high risk of pneumococcal infection using oral penicillins or macrolides.

Patients not at high risk should be counselled regarding the risks and benefits of lifelong antibiotics and may choose to discontinue them.

All patients should carry a supply of appropriate antibiotics for emergency use.
Review of guidelines for prevention and treatment of infection in patients with absent or dysfunctional spleen:

British Society of Haematology https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2141.2011.08843.x

17.4 PATIENT INFORMATION

https://www.gov.uk/government/publications/splenectomy-leaflet-and-card