Morphological Study of Cadaveric Human Spleen.
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ABSTRACT

Background: This study deal with the morphology of spleen regarding to shape, notches, and fissure on superior, inferior and diaphragmatic, visceral surface and compared with different study done previously. Methods: This study was done in the department of Anatomy, Chhattisgarh Institute of Medical Science, Bilaspur, C.G. India. The study was done on 50 formalin fixed human middle age cadaveric spleen. The spleen was observed grossly and photographed was taken. The data was displayed in tabulated form. Results: The present study was done on 50 formalin fixed human cadaveric spleen, out of which 23(46%) spleen showed wedge shape, 19 (38%) spleen showed tetrahedral shape, 8(16%) spleen showed triangular shape. Among 50 spleen 35 (70%) exhibit notches on the superior border, 4(8%) exhibit notches on the inferior border, 6 (12%) exhibit no notches on either border of spleen, 5(10%) exhibit notches on both border of spleen, 3 (6%) having fissures on the diaphragmatic surface of spleen. Notches on the superior border are commonly observed but it varies between 1 to 6 and in majority of spleen, it exhibits 1-3 notches respectively. Conclusion: This study provide knowledge about shape, notches, fissures of spleen hence this study useful for clinicians, surgeon, anatomist, radiologist for proper diagnosis and treatment of disease.

Keywords: Spleen, Notches, Fissures, Splenomegaly, Surface, Border, Haemo-lymphoid organ.

INTRODUCTION

The spleen develops from mesenchymal cell called splenunculi which proliferate and fused between the two leaves in the cephalic part of dorsal mesogastrium to form lobulated spleen.¹ Due to the fusion of multilobular masses, one or more notches appear near the lateral end of superior border and fissures on the surface of spleen indicate the lobulated development of spleen.² Sometime encapsulated splenic masses failure to fuse, result in the formation of accessory spleen may found in gastroplenic ligament or greater omentum and rarely in the left spermatic cord.³

Spleen is large, encapsulated, single secondary haemo-lymphoid organ because it perform both hematological function (manufacture of erythrocyte in fetal life) as well as immunological function (manufacture of lymphocyte after birth).⁴ Due to rotation in the orientation of the stomach, spleen shifted in the left side of abdominal cavity. The spleen is located mainly in the left hypochondrium (lateral 2/3) and partly in the epigastrium (medial 1/3).⁵ Normally spleen is not palpable but during splenomegaly occurs by number of disease like malaria, kala-azar etc. It enlarges more than 2 or 3 times and superior border of spleen clinically palpable at the left costal margin during deep inspiration. The massive spleen project downward and mediially towards the umbilical and reaches right iliac fossa.⁶

The current study describe the morphology of spleen hence this study useful for clinicians, surgeon, physician, anatomist, radiologist for proper clinical diagnosis and treatment of disease.
MATERIALS AND METHODS

During routine educational dissection of abdomen for undergraduate student (MBBS) in a middle aged Indian cadaver in the department of Anatomy, Chhattisgarh Institute of Medical Science, Bilaspur, C.G. India. The body was embalmed and preserved as standard procedure by injecting formalin based preservative (10% formalin) and stored in 7% formalin filled plastic tank. A total 50 human middle age cadaveric spleen were studied. The organ was observed grossly and photograph was taken with 13-mega pixel camera. The splenic shapes, notches, fissure were studied with regard to different border (i.e superior and inferior border) and surface (i.e Diaphragmatic and Visceral surface). The data was analysed in tabulated form.

RESULTS

The present study was done on 50 formalin fixed human cadaveric spleen. Out of which 23 (46%) spleen showed wedge shape, 19 (38%) spleen showed tetrahedral shape and 8 (16%) spleen showed triangular in shape. Among 50 spleen, 35(70%) exhibit notches on the superior border [Figure 1], 4(8%) exhibit notches on the inferior border, 6 (12%) exhibit notches on inferior border, 5 (10%) exhibit notches on both border of spleen [Figure 2] and 3 (6%) having fissures on the diaphragmatic surface of spleen. Notches on the superior border varies between 1 to 6 but majority of spleen showed 1 to 3 splenic notches.

DISCUSSION

Table 1: Showing border and surface with or without notches and fissures

<table>
<thead>
<tr>
<th>Border and surface with or without notches and fissures</th>
<th>N [%]</th>
</tr>
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<tbody>
<tr>
<td>Notches in the superior border</td>
<td>35(70%)</td>
</tr>
<tr>
<td>Notches in the inferior border</td>
<td>4(8%)</td>
</tr>
<tr>
<td>Absence of notches in either border</td>
<td>6(12%)</td>
</tr>
<tr>
<td>Presence of notches in both border</td>
<td>5(10%)</td>
</tr>
<tr>
<td>Presence of fissures in Diaphragmatic surface</td>
<td>3(6%)</td>
</tr>
</tbody>
</table>

In this study we observed 35(70%) spleen having notches in the superior border, 4 (8%) spleen having notches in the inferior border, 6(12%) spleen having no notch on either border, 5 (10%) having notch in both border which display in [Table 1]. But previous study displayed 98%[14], 70%[15], 95%[16], 63.35%[17] notches in the superior border and 2%[14], 14%[15], 3.3%[16], 10%[17] notches in the inferior border respectively. Which display in [Table 3]. In this study 3 (6%) spleen showed fissure in the diaphragmatic surface [Figure 6].

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Various diseases like malaria, cirrhosis of liver, chronic myeloid leukemia, Kala-azar etc cause enlargement of spleen called splenomegaly. During splenomegaly superior, border of spleen palpable at the left costal margin, hence this study useful for clinicians, physician, surgeons, anatomist, radiologist for proper clinical diagnosis and treatment of disease.

**CONCLUSION**

The spleen most frequently injured organ in the abdomen due to external trauma. Usually spleen is not palpable but during number of disease like kala-azar, malaria it became enlarges. The present study provide knowledge of shape, notches, fissure of spleen hence this study useful for clinicians, surgeon, anatomist, radiologist for proper diagnosis and treatment of disease.

**REFERENCES**


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