DISCUSSION

Although fungal meningitis is particularly associated with the debilitation of malignant disease, no such association has been demonstrated with meningitis caused by *L. monocytogenes* (Nichols and Woolley, 1962). The peak incidence of listeria meningitis is in infancy, but there is a lesser peak in late adult life.

Bacteraemia may follow prostatectomy, and subacute bacterial endocarditis has been reported (*Brit. med. J.*, 1963). Meningitis is a rare complication of the operation, but it is the commonest clinical presentation of infection with *L. monocytogenes*. If this organism were a common inhabitant of the genito-urinary tract of the elderly male it would be reasonable to expect that listeria meningitis after prostatectomy would have been previously recorded, but a preliminary search has revealed no such record.

The unusual sequence of events in this case suggests that the organism may persist in the male genito-urinary tract for years.

Torsion of Spleen With Spontaneous Rupture of Splenic Vein Presenting as a Case of Accidental Haemorrhage

Brit. med. J., 1964, 1, 1028

Torsion of the spleen is a very rare condition. Torsion of the spleen resulting in the spontaneous rupture of the obstructed splenic vein with massive intraperitoneal and extraperitoneal haemorrhage has, to our knowledge, not been reported. In the following case a full-term pregnancy with a macerated foetus led to the diagnosis of accidental haemorrhage.

CASE REPORT

At 10 a.m. on 13 October 1962 a 33-year-old Javanese woman was admitted to the Kandang Kerbau Maternity Hospital. At 5.30 a.m. that day she slipped and fell heavily on her buttocks while in the toilet. At 6 a.m. she began to have abdominal pains on and off at five-minute intervals. There was no bleeding per vaginam. It was her fifth pregnancy. She could not feel any foetal movement.

On examination she was found to be anaemic. Her pulse was 100 and her blood-pressure was 90/70 mm. Hg. She appeared to have a full-term pregnancy. The abdomen was tense and no foetal heart sounds were heard. The foetal head was engaged. On vaginal examination the cervix was not effaced and the os was closed. The membranes were intact. There was no clinical evidence of pelvic fracture. A diagnosis of concealed accidental haemorrhage was made. Low rupture of membranes was done and a few ounces of blood-stained liquor were released.

By 6.45 p.m. the patient had not gone into labour. The abdominal and vaginal findings were the same as those on admission. At 7 p.m. a classical caesarean section was performed and a macerated female foetus weighing 6 lb. (2,720 g.) was delivered. Free blood was noted in the peritoneal cavity. The uterus was intact and there was no concealed accidental haemorrhage.

The incision was extended into the upper abdomen and to the left of the midline. A large retroperitoneal haematoma was found. The spleen was congested and was about four times its normal size. Its pedicle was 6 in. (15 cm.) long. There was a one and a half times clockwise rotation of the spleen on its pedicle. The splenic artery was still pulsating, but the splenic vein was distended and had ruptured, resulting in retroperitoneal and intraperitoneal haemorrhage. The pedicle was untwisted and the individual vessels were dissected out, doubly ligated, and divided, and the spleen was removed. The uterine incision was closed in layers. Five pints (2.8

litres) of blood was given during the operation. The abdominal incision was closed in layers.

After the operation the patient made a rapid recovery. Her skin sutures were removed on the eighth day and she was discharged on the 12th post-operative day.

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DISCUSSION

Torsion of the spleen is a complication of the wandering spleen. This is a congenital anomaly in which the spleen has a long pedicle, sometimes up to 1 ft. (30 cm.) in length, and the spleen has been noted in all the quadrants of the abdomen. Because of its rarity, when torsion occurs it is rarely correctly diagnosed pre-operatively. Bohrer (1940) noted that this condition has been variously diagnosed as twisted ovarian cyst, appendicular mass, and uterine fibroids.

Torsion of the pedicle may be acute or chronic. The acute cases present with symptoms suggestive of intra-abdominal catastrophe. The provisional diagnosis is usually an acute perforation or acute pancreatitis. Cramp-like abdominal pains occur and a mass may be felt on palpation. In chronic torsion the symptoms are less dramatic. After a period of indefinite abdominal discomfort all symptoms abate. This may result in atrophy of the spleen.

In the case reported above the full-term pregnancy, the dead foetus, and the signs and symptoms of internal haemorrhage led to the diagnosis of a concealed accidental haemorrhage. It was only at the time of the operation that the correct diagnosis was revealed.

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