

Tropical splenomegaly

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Massive splenic enlargement frequently occurs in the tropics from malaria, kala-azar and schistosomiasis. Occasionally, splenomegaly cannot be fully attributed to these diseases and may result from occult infection or be related to malnutrition. Massive splenomegaly may require removal because of anaemia, hypersplenism, local symptoms or the threat of rupture. Lifelong antimalarial therapy is indicated in endemic areas. Sir Patrick Manson, 1844-1922, practised in Formosa (now Taiwan) and Hong Kong before becoming physician to the Dreadnought Hospital, Greenwich, London, UK. He is regarded as 'the father of tropical medicine'.

Figure 70.12 Splenic parenchyma showing epithelioid cell granules

macrophages (arrows) in a human immunodeficiency virus-positive patient with disseminated cryptococcosis who presented with spontaneous splenic rupture necessitating splenectomy; haematoxylin and eosin; × 200 (courtesy of Dr Nita Khurana, New Delhi, India).

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