

Time to Splenic Angioembolization Does Not Impact Splenic Salvage Rates

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- Splenic angioembolization (SAE) improves splenic salvage
- Centers may have limited access to IR services overnight/weekends
- Unknown how expediently this procedure should be performed
- Need for data to standardize practice

Aim: To determine effect of timing of SAE on rates of delayed splenectomy at Level I Center

Methods

- Retrospective review (2016-21)
- AAST Grade II-V blunt splenic injury
- Early (<6h) vs delayed (≥6h) groups
- 1° outcome: rate of delayed splenectomy
- Mean time to SAE for failed vs successful salvage
- Subset analysis
 - AAST Grade IV-V injury
 - SAE within 24h

Results

- Greater injury in early group
 - 3.9x higher odds of failure (12% vs 5%, p=0.046)
- Multivariate analysis: timing had no effect on outcome

Conclusion

It is safe to proceed with SAE on an urgent rather than emergent basis in stable patients after blunt splenic injury

Table 1: Characteristics of early versus delayed splenic angioembolization group

	Early (<6h) N=76	Delayed (≥ 6h) N=150	p
Moderate to large hemoperitoneum on CT, n(%)	37 (49.3)	35 (23.6)	<0.001
AAST Spleen Organ Injury Scale (mean)	3.9 ± 0.5	3.5 ± 0.8	<0.001
Compartments with Hemoperitoneum (mean)	2.5 ± 1.7	1.7 ± 1.6	<0.001
Pseudoaneurysm on initial CT, n(%)	47 (61.8)	73 (48.7)	0.061
Active extravasation on initial CT, n(%)	15 (19.7)	13 (8.7)	0.017