A 73-year-old man fell down from three-meter height and referred to our emergent department. On arrival, his Glasgow Coma Scale was E3V4M4 and vital signs were temperature of 36.3°C, pulse rate of 135/min, respiratory rate of 26/min, and blood pressure of 120/91 mmHg. The radiography and whole body computed tomography (CT) confirmed the diagnosis of right subdural hematoma, subarachnoid hemorrhage, skull fracture, left 3rd-7th ribs fracture with hemothorax (Fig. 1) and right femoral intertrochanteric fracture. In contrast, the abdominal CT did not reveal liver or spleen laceration (Fig. 2). Thus, endotracheal intubation was performed for acute respiratory distress.

Fig. 1 Radiography of chest revealed fracture of left 3rd-7th ribs.
failure and he was admitted to intensive care unit. Additionally, he received chest tube insertion for hemothorax and skin traction for femoral fracture. On the hospital day 5, abdominal distention with tenderness developed and his hemodynamic status became unstable with blood pressure of 72/56 mm Hg. Emergent CT of abdomen showed the laceration of spleen with hemoperitoneum (Fig. 3). Therefore, the patient underwent splenectomy for control of internal bleeding, and the hemodynamic status became stable. Finally, he also received open reduction internal fixation for femoral fracture and was discharged uneventfully one month later.

Spleen is one of the most common injured intra-abdominal organs in patients with blunt abdominal trauma\(^1\), and most of spleen laceration or rupture developed soon after trauma. In contrast, the presentation of our patient is unusual, and he presented with the rupture of spleen with a delay for five days post trauma. Delayed rupture of the spleen following trauma is rare, but its associated mortality is much higher than acute rupture of spleen\(^2\). Therefore, physicians should be alert for this uncommon clinical scenery of blunt abdominal trauma. Early diagnosis and prompt management are crucial for life-saving.

### References