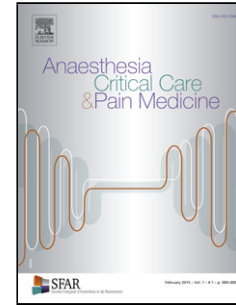


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1 **Perioperative management of asplenic patients in France: a national survey among**
2 **anaesthetists.**

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16 **Perioperative management of asplenic patients in France: a national survey among anaesthetists-**
17 **intensivists.**

18

19 The population of asplenic patients is heterogeneous and includes patients with surgical, functional
20 and congenital asplenia. Surgical asplenia may occur in healthy patients (after a trauma, for example)
21 or in patients with a blood disorder, immunological or tumoral disease (hereditary spherocytosis,
22 immune thrombocytopenic purpura, hypersplenism, sickle cell anaemia) [1]. In France, 500 000
23 patients are asplenic: half of them are splenectomised and less than half have a functional asplenia
24 because of an underlying disease. Every year, 6000 to 9000 patients undergo spleen removal or
25 embolization [2].

26 Spleen is a lymphoid organ and, because of its role in innate and adaptive immunity, asplenia
27 increase the risk of infection, fifty times higher than in general population, with a high long-term risk
28 of developing life threatening invasive infections such as meningitis, bacteraemia or Overwhelming
29 Post Splenectomy Infection (OPSI) [3–5]. Encapsulated bacteria such as *Streptococcus pneumoniae*,
30 *Haemophilus influenzae* b (Hib), *Nisseria meningitidis* are most commonly involved with
31 *pneumococcus* in pole position [3]. Three major strategies are recommended to prevent infectious
32 risk: vaccination against *pneumococcus*, Hib, meningococcal and influenza, antibiotic prophylaxis, and
33 patient education.

34 Despite recommendations, a lack of knowledge of practitioners on prevention of infectious risk in
35 asplenic patients has been reported, contributing to the stable incidence of OPSI [6–12].

36 In France, only one study evaluated specialists and general practitioners practices but no study
37 included anaesthetists-intensivists (AI) always involved in the management of splenectomised

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