CONDITION

Splenomegaly

Splenomegaly means the spleen is enlarged, usually because another condition is affecting it.

WHAT IT IS
Enlargement of the spleen beyond its usual size

BODY SYSTEM
Blood, immune, and digestive systems

MAIN SYMPTOMS
Upper abdominal discomfort, early fullness, fatigue, sometimes none

WHAT CAUSES IT
Infections, liver disease, blood disorders, cancers, immune conditions

HOW IT IS DIAGNOSED
Physical examination plus ultrasound or CT imaging

MAIN TREATMENT
Treating the cause and protecting the enlarged spleen

CAN IT BE CURED?
Sometimes - when the underlying cause resolves

IS IT AN EMERGENCY?
Sometimes - sudden severe pain, fainting, or trauma

LONG-TERM OUTLOOK
Often improves when the underlying condition is controlled

Overview

Splenomegaly means that your spleen is larger than expected. It is a physical finding rather than a disease by itself. The important question is why the spleen has enlarged.

The spleen sits under the ribs on the upper left side of your abdomen. It helps filter blood, remove old or damaged blood cells, store platelets, and support your immune system.

Many conditions can make the spleen work harder or cause blood to build up inside it. These include infections, liver disease, blood disorders, immune conditions, and some cancers. In some people, more than one factor is involved.

A mildly enlarged spleen may cause no symptoms and may be found during an examination or scan for another reason. Greater enlargement can press on the stomach or surrounding

tissues. It may also trap too many blood cells.

An enlarged spleen is more vulnerable to injury. A tear, called a splenic rupture, can cause internal bleeding. This is uncommon without trauma, but it is the reason activity restrictions and emergency warning signs matter.

Symptoms

Many people with splenomegaly do not notice any symptoms. When symptoms occur, they may include:

Pain may sometimes spread to the left shoulder. This happens because irritation near the diaphragm, the muscle under the lungs, can be felt in the shoulder.

Other symptoms often come from the condition causing the enlargement. Examples include fever during an infection, yellow skin or eyes with liver disease, swollen lymph nodes, night sweats, or unplanned weight loss.

These symptoms do not show what the cause is. They need to be considered alongside your medical history, examination, blood tests, and imaging.

- Discomfort, pressure, or pain beneath the left ribs
- Feeling full after eating a small amount
- A sense of fullness in the upper abdomen
- Tiredness, frequent infections, or easy bleeding if blood counts are low

Causes and risk factors

Several groups of conditions can cause splenomegaly.

Liver disease is a common cause. Scarring of the liver, called cirrhosis, can raise pressure in the portal vein, which carries blood from the digestive organs to the liver. This is known as portal hypertension. The increased pressure can cause blood to collect in the spleen.

Infections can also enlarge the spleen. Examples include infectious mononucleosis, sometimes called glandular fever, as well as malaria, HIV, tuberculosis, and certain bacterial infections. The likely infections differ according to age, immune health, travel, and geographic location.

Blood conditions may increase the removal of red blood cells or cause abnormal blood cells to collect in the spleen. Examples include inherited red blood cell disorders, hemolytic anaemia, leukaemia, lymphoma, and disorders that cause the bone marrow to make abnormal numbers

of blood cells.

Immune and inflammatory conditions, including rheumatoid arthritis and systemic lupus erythematosus, can sometimes be associated with an enlarged spleen.

Less common causes include cysts, non-cancerous growths, cancers involving the spleen, and problems with blood vessels near it.

Your risk is influenced by the underlying cause. Relevant factors may include known liver or blood disease, immune suppression, recent infection, family history, alcohol use, certain medicines, and travel to places where particular infections occur.

Diagnosis

A healthcare professional may feel an enlarged spleen during an abdominal examination. However, an examination cannot always confirm its size. Body shape, breathing, and the position of nearby organs can affect what is felt.

Ultrasound is often used to confirm enlargement. It uses sound waves and does not involve radiation. A CT scan can show the spleen and surrounding organs in greater detail. MRI may be useful in selected cases.

There is no single spleen size that applies perfectly to everyone. Height, sex, and body build can affect normal measurements. Imaging findings are therefore interpreted with your symptoms and other test results.

Tests used to investigate the cause may include:

Your healthcare team may ask about fever, weight changes, bleeding, alcohol use, medicines, travel, previous infections, and family medical history. Testing is usually directed by these details rather than using every available test.

- A complete blood count to measure red cells, white cells, and platelets
- A blood film to examine the shape and appearance of blood cells
- Liver and kidney tests
- Tests for infections suggested by your history
- Further blood, bone marrow, or genetic tests when a blood disorder is suspected

Treatment and management

Treatment focuses on the condition causing the enlarged spleen. Splenomegaly itself does not

always need a separate treatment.

An infection may settle with time or need specific antimicrobial treatment. Liver-related enlargement is managed by treating the liver condition and complications of portal hypertension. Blood cancers, bone marrow disorders, and immune conditions may require specialist treatment.

If the enlargement is mild, you feel well, and initial tests do not show an urgent cause, monitoring may be appropriate. Follow-up can include examinations, blood counts, and repeat imaging.

You may be advised to avoid contact sports, heavy impacts, or activities with a high risk of falling while your spleen is enlarged. This is especially important with infectious mononucleosis. The safe time to return to sport is based on the cause, your recovery, examination findings, and sometimes imaging.

Surgery to remove the spleen, called splenectomy, is not a routine treatment for every enlarged spleen. It may be considered when the spleen is severely destroying blood cells, causing major symptoms, repeatedly bleeding, or affected by a condition that cannot be controlled another way.

The spleen supports protection against certain serious bacterial infections. If removal is planned, vaccination and infection-prevention measures are important. People without a working spleen also need clear instructions about seeking prompt care for fever.

Complications

The main immediate complication is splenic rupture. A rupture may follow a blow to the abdomen, a fall, a sports injury, or a vehicle collision. Rarely, a very enlarged or inflamed spleen can rupture without obvious trauma.

Bleeding from a rupture can occur inside the abdomen. Warning signs include sudden or severe upper-left abdominal pain, left shoulder pain, dizziness, weakness, fainting, confusion, or pale and clammy skin.

An enlarged spleen may also trap or remove too many blood cells. This is called hypersplenism. It can lead to:

Other complications are usually related to the underlying liver, blood, immune, or infectious condition rather than to spleen size alone.

- Anaemia, meaning too few red blood cells
- Increased infections from too few white blood cells

- Easy bruising or bleeding from too few platelets

Prevention

Splenomegaly cannot always be prevented. Many causes, including inherited blood disorders, autoimmune conditions, and cancers, are not caused by something you did.

Preventing or treating certain underlying conditions may reduce risk. This can include recommended vaccinations, infection precautions during travel, avoiding shared needles, and taking steps to protect liver health. If alcohol is contributing to liver disease, reducing or stopping alcohol may be part of treatment.

Once your spleen is enlarged, preventing injury is especially important. Follow advice about sports, physical work, and other activities that could cause an abdominal impact. Wearing a seat belt correctly also helps reduce injury during a collision.

These measures may lower the risk of complications, but they do not directly shrink the spleen.

Living with it and what to expect

What happens over time is mainly shaped by the cause. A spleen enlarged during a short-term infection may gradually return toward its usual size as the infection resolves. This can take longer than the main symptoms of the infection.

With chronic liver disease, an inherited blood condition, or a long-term bone marrow disorder, enlargement may continue for months or years. It may remain stable, improve with treatment, or increase if the underlying condition progresses.

Many people can continue work, study, and everyday activities. You may need temporary or long-term changes if your usual activities involve contact sports, lifting, climbing, or a risk of abdominal injury.

Follow-up may involve blood tests to check for anaemia, infection risk, or low platelets. Imaging may be repeated when symptoms change or when knowing the spleen's size would affect management. Not everyone needs frequent scans.

Keep track of new pain, increasing fullness after meals, unusual bruising, repeated infections, or changes in energy. These may indicate that the spleen or its underlying cause needs reassessment.

When to get medical help

Arrange routine medical assessment if you have ongoing discomfort or fullness beneath the left ribs, feel full unusually quickly when eating, or have unexplained fatigue. These symptoms have many possible causes and do not necessarily mean that your spleen is enlarged.

Seek prompt medical advice if you have known splenomegaly and develop worsening pain, fever, repeated infections, unusual bleeding, easy bruising, or increasing abdominal swelling.

Get emergency help after a blow, fall, or collision if you have an enlarged spleen, particularly if abdominal or left shoulder pain develops.

Call emergency services for:

These symptoms can suggest internal bleeding and should not wait for a routine appointment.

- Sudden or severe pain under the left ribs
- Pain with dizziness, fainting, weakness, or confusion
- Pale, cold, or clammy skin
- Rapid breathing or a racing heartbeat after abdominal injury

Common questions

Is an enlarged spleen always cancer?

No. Infections, liver disease, immune conditions, and non-cancerous blood disorders can all cause splenomegaly. Some blood cancers can enlarge the spleen, so testing focuses on identifying the actual cause rather than assuming one.

Can an enlarged spleen go back to normal?

Yes, sometimes. It may shrink when a temporary infection resolves or when the underlying condition is treated. Enlargement caused by chronic liver, blood, or bone marrow disease may persist.

Can I exercise with an enlarged spleen?

Light activity may be possible, but contact sports and activities with a risk of falling or abdominal impact are commonly restricted. The safest level of activity depends on why your spleen is enlarged and whether it is improving.

Can I drink alcohol if my spleen is enlarged?

Alcohol does not directly cause every case of splenomegaly, but it can worsen liver disease and portal hypertension. If liver disease is suspected or confirmed, you may be advised to

avoid alcohol. Discuss your situation with your healthcare team.

Will my spleen need to be removed?

Usually not. Splenectomy is generally reserved for selected situations, such as severe blood-cell destruction, uncontrolled symptoms, repeated bleeding, or a condition that requires removal. Most treatment is directed at the underlying cause.

Can blood tests confirm an enlarged spleen?

Blood tests can show effects such as low blood-cell counts and may help find the cause. They do not measure spleen size. Ultrasound or CT imaging is used to confirm enlargement.

Sources

- Aldulaimi S, Mendez AM. "Splenomegaly: Diagnosis and Management in Adults." American Family Physician . 2021;104(3):271-276.
- National Health Service. "Spleen problems and spleen removal."
- Merck Manual Professional Edition. "Splenomegaly."
- Mayo Clinic. "Enlarged spleen: Symptoms and causes."
- Mayo Clinic. "Enlarged spleen: Diagnosis and treatment."
- Centers for Disease Control and Prevention. "Adult Immunization Schedule Notes: Special situations, including anatomic or functional asplenia."