

Cysto-Pericystectomy for a Hydatid Liver

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ABSTRACT

Hydatid disease of the liver is a common entity in our surgical practice. And most of the time the operative management being a PAIR which needs a medical management then followed by surgical management. but in this cysto pericystectomy surgery is the stay and no medical management is required as no residual cyst is present.

KEY WORDS: Hydatid disease, cysto pericystectomy, PAIR

Introduction

Hydatid disease is a seen worldwide. And the treatment is pericystectomy and omental patch or PAIR[1]. And many centres don't practice a total excision of cyst – a cysto pericystectomy. This a case we did in our institution, which should encourage fellow surgeons to give a complete surgical cure to the patient.

Case history

A 50yr male admitted to our hospital with complains of upper abdominal pain on and off for 3 months, with history of fever for 2 days, no history of haematemesis, jaundice, loss of weight, appetite. On examination a mass in epigastrium measuring 5X3 cm

which moves with respiration. No other masses or organomegaly. Patient had normal haemoglobin, liver function tests and other routine test were within normal limits. Differential diagnosis was ca stomach or Hepatoma

Ultrasound abdomen revealed a well defined lesion with regular margin at the junction of right and left lobe of liver multiple cystic areas are seen within the lesion , no parenchymal invasion gall bladder distended, no calculi other viscera are normal.

Laparotomy under general anaesthesia with a right subcoastal incision, findings 15X12 cm size cyst, well projected out of the surface of liver [figure1]. Gall bladder adhered to the cyst, no free fluid in the peritoneal cavity. A cysto pericystectomy done for the hydatid cyst that is a cyst excised in Toto along with its wall [figure 2]. Post op period was uneventful. Follow up ultrasound showed no residual cyst and no collections.

Conclusion

In this case the usual surgical procedure for hydatid cyst is endocystectomy. In our

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institute cysto-pericystectomy. Advantages of this procedure are 1) complete cure of the disease 2) there is no post operative medical management of hydatid like albendazole for 3 months necessary. The disadvantage 1) biliary leak 2) severe haemorrhage both are prevented by perfect surgical technique. Hence people should be aware of this technique and can be practiced in your patients as per your judgement. And always look for a opportunity for a total excision of the hydatid[2-8].



Figure 1. Intraop Picture



Figure 2. Cysto Pericystectomy

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