

Short Communication

A case of Giant hepatic hydatid cyst

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A 30-year-old man was admitted to our hospital with a right upper abdominal pain. His clinical examination showed remarkable epigastric tenderness and asymmetric right upper abdominal enlargement. On admission, his laboratory findings were normal. Liver function tests were within normal range. Ultrasonography and computed tomography of the abdomen revealed a huge cystic lesion in the liver measuring 20 cm in diameter. A serological test for echinococcus was positive. The cyst lesion was diagnosed as hydatid cyst. The patient underwent surgery. During operation, the operative field was isolated with abdominal packs soaked in 200 g/L saline. The hydatid cyst was aspirated through its most prominent part. The cavity was filled with 20% saline and then opened through a vertical 10 cm incision (Figure). The contents in the cyst were evacuated, and inspection of the cavity revealed biliary communication that was sutured primarily. The cavity was eliminated manually by compressing the surrounding healthy parenchyma. A prophylactic large-caliber passive tube drain was placed in contact with the inferior liver surface. The postoperative period was uneventful, and the patient was discharged on the sixth postoperative day. The patient had regular follow-ups, with no recurrence of the hydatid cyst. Hydatid cyst is endemic in regions such as South America,

Southern Europe, Africa and Australia [1]. The liver is the organ most likely to be affected. Giant hydatid cysts (more than 10 cm) can cause anaphylactic shock and death upon rupture. The surgery is the treatment of choice in order to avoid this complication [2].

Conflict of interest: No conflict of interest to declare.

consent from the patient was obtained for the publication.

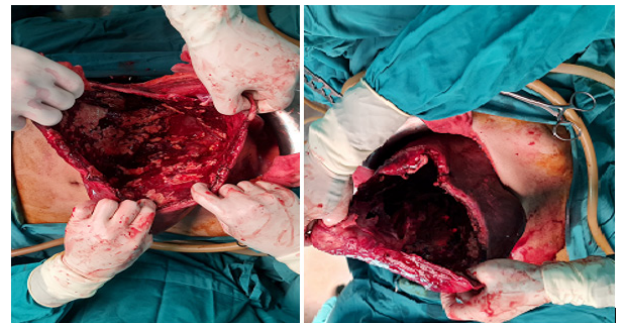


Figure: Huge liver cyst with a large dead space

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