

Giant hepatic hydatid cyst

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Hydatid disease is endemic in tropical and subtropical regions. Humans are accidental hosts of this parasite. Hydatid cyst may be asymptomatic, or may cause abdominal pain, jaundice or a visible abdominal mass [1]. Large cysts are prone to perforation and surgical management is preferred. Our patient, a 30-year-old-man weighing 40 kg, presented to us with the complaint of a huge abdominal swelling of 2 years' duration. Computed tomography of abdomen showed a huge type III hydatid cyst originating from the liver (Fig. 1). Intra-operatively, about 6 litres of fluid was aspirated from the cyst cavity, and pericystectomy with omentopexy was done. The diameter of the cyst was approximately 30 cm. A variety of surgical procedures are used to manage the residual cavity after cystectomy. These include hepatic resection, pericystectomy, partial cystectomy combined with omentoplasty, suture obliteration (capitonnage), introflexion, cystojejunostomy, marsupialization, external drainage and primary closure after instillation of saline solution [2]. The strong possibility of a residual cavity after percutaneous treatment limits the use of this form of therapy for large cysts. Pericystectomy was performed for our patient and the resultant cavity was sandwiched with omentum. The patient did well after surgery and had gained 8 kg of weight when reviewed 6 months after operation.



Fig. 1 Contrast-enhanced computed tomography image showing a huge type III hydatid cyst in the liver

References

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