

HEPATIC HYDATID CYST: SINGLE-CENTER EXPERIENCE

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INTRODUCTION:

Hydatidosis is a parasitic disease (zoonosis) that can be serious, caused by Echinococcus granulosus (Cestode). Endemic in our region. Liver disease is the most common, involving between 85% and 95% of cases in our statistics.

Material and Method:

This is a retrospective study that was developed in an endemic hospital in the city of Curuzu Cuatia (Province of Corrientes) in northern Argentina.

765 cases were analyzed between 2005 and 2022, only monocystic and multicystic hepatic hydatidic cysts were included. Age, sex, and the different surgical techniques performed were analyzed.

From 2005 to 2010, ultrasound was used as an imaging study, from 2010 to 2022 ultrasound and CT were used in all patients. These have served as a diagnostic and staging technique.

Results:

A total of 765 patients with hepatic hydatid cysts were analyzed. From 2005 to 2010, only ultrasound and laboratory techniques were used for its diagnosis. And from 2010 to 2022, ultrasounds and CT scans were used in all cases; with this, it was also possible to stage them (the WHO classification was always used), very important, in the decision of the appropriate treatment based on the stages of the cyst.

Of the 765 cases, multiple liver cysts were found in 35% (n=268), and only one cyst was found in 65% (n= 497) (most of them in the right lobe).

391 were women and 374 men. The average age in women was 36 years and in men 46 years.

Albendazole was used as neoadjuvant therapy at a dose of 10 mg/k day ; indicating 30 days before and 60 days after surgery.

The treatment used was based on the location, size, number of cysts and previous surgeries.

4 therapeutic options were used: surgery, minimally invasive surgery, W&W (wath & wait) and pharmacological (fig 1).

Radical techniques have represented 26.5% of the total; with Total Pericystectomy being the most used in this group (20.5%). Conservative surgeries accounted for 37.5% of the total, of which partial cystectomy was the most commonly used. Minimally invasive surgeries accounted for 28% (laparoscopy 19%, percutaneous 9%), w&w (2.4%) and pharmacological (albendazole) 5.6%.

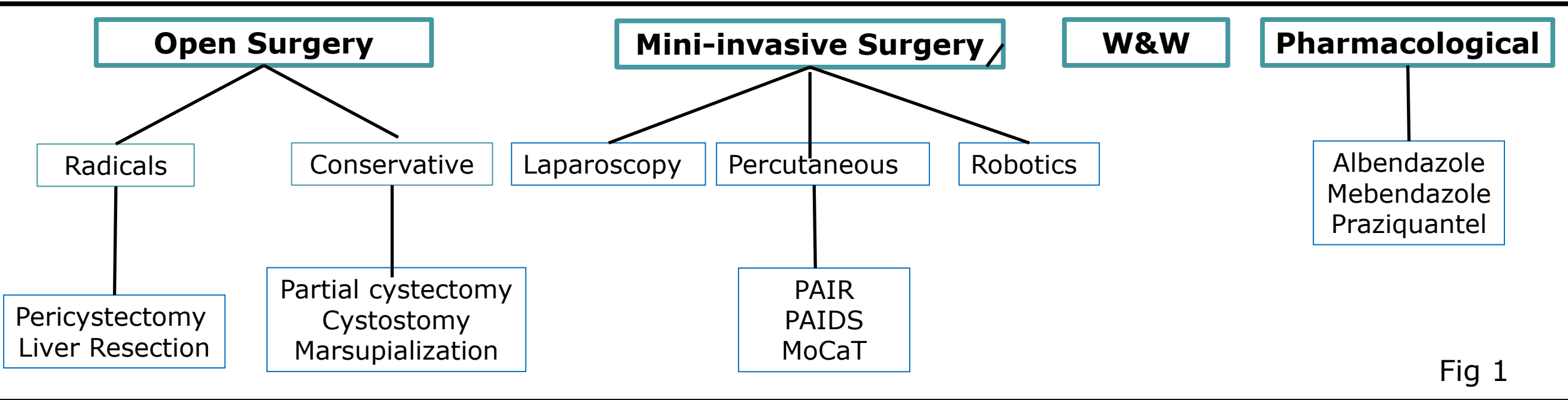
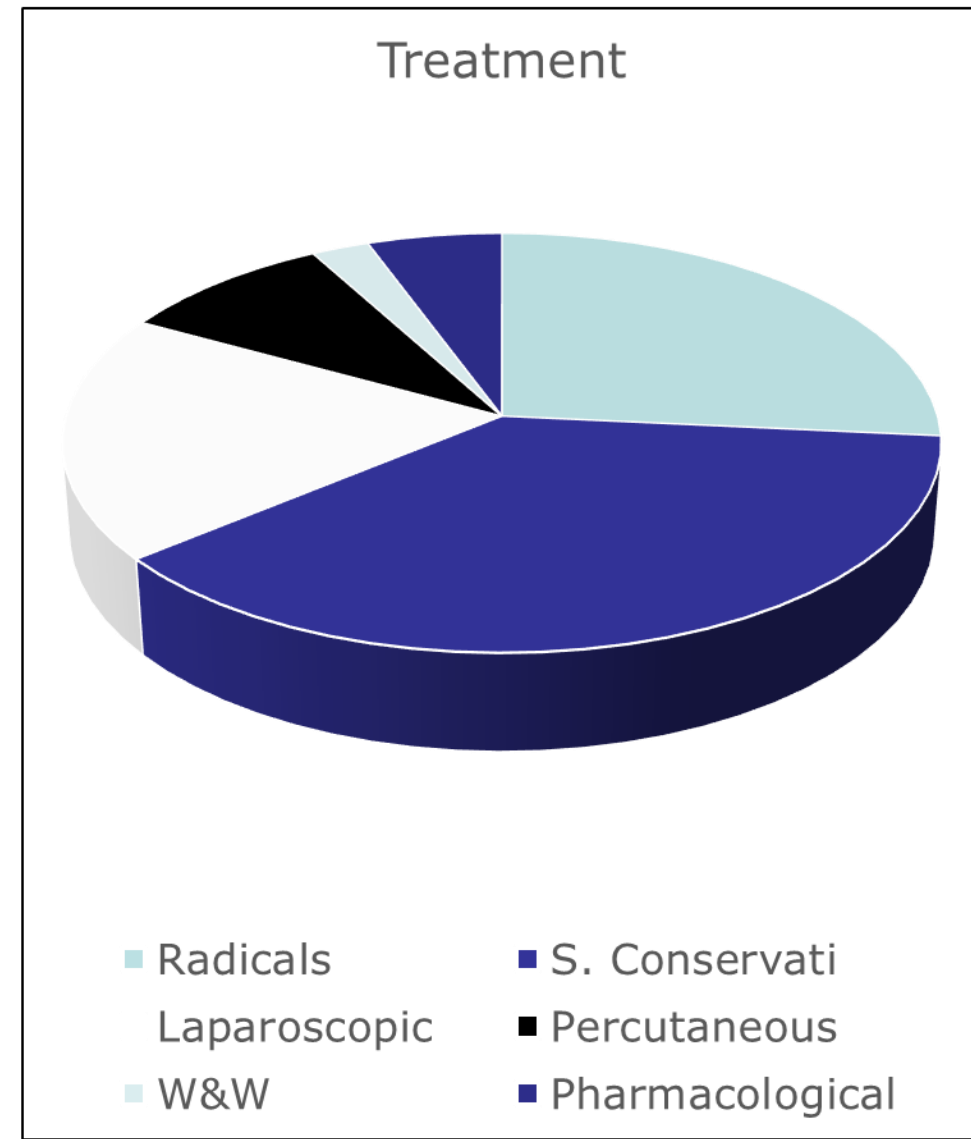


Fig 1

DISCUSSION:

Hepatic Hydatidosis is a disease with high morbidity and can sometimes cause serious complications. The management of hepatic hydatidosis is complex, and there is currently no consensus for its treatment. The human being is responsible for perpetuating the disease, it is a preventable pathology. Surgical treatment will depend on the characteristics of the patient, the cyst, available resources and the experience of the surgical

CONCLUSION:

Hepatic Hydatidosis is a preventable disease, with high morbidity and sometimes with serious complications. Ultrasound and CT play an important role, not only in diagnosis, but also in staging and therefore the fundamental evaluation for treatment behavior. Essentially there are 4 pillars of treatment: open surgery, minimally invasive surgery, W&W(wath&wait) and pharmacological (Albendazole).

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