

Surgical Treatment of Complicated Liver Echinococcosis – Our Experience with 184 Cases in 10 Years

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ABSTRACT

Background: The aim of this study was to analyze the treatment of patients with complicated liver hydatid cysts.

Methods: The records of 184 patients who had undergone surgery for complicated liver hydatid cyst in our institution during 2005 and 2014 were reviewed retrospectively.

Results: Among all complications, the most common were intrabiliary rupture (140 patients) and suppuration of the cysts (27 patients). Eleven cases had a combination of two complications. Other complications were rupture in the thorax (4 cases), rupture in the peritoneum (7 patients) and vascular erosions (6 patients). Surgery was based on the nature of complications, number and sizes of hydatid cysts and patients general condition. The surgical treatment of choice was partial (peri) cystectomies and drainage of the residual cavity with suture of the biliary fistula. In cases with complications such as suppuration, remaining bile fistulas, large cyst cavities or extra-hepatic location, external drainage of the common bile duct (CBD) was mandatory. Post-operative complications occurred in 45 patients (24.4 %). Postoperative mortality was 1 % (two patients).

Conclusion: Appropriate investigation and well planned surgical techniques may improve the outcome of complicated liver echinococcosis. These data suggest that cyst diameter is an independent factor that is associated with a high risk of biliary-cyst communication in clinically asymptomatic patients. Preoperative endoscopic retrograde cholangiopancreatography (ERCP) should be performed in these asymptomatic patients to reduce the incidence of postoperative complications.

Key words: liver hydatid cyst, complications, outcomes