

Thoracic Involvement of Liver Hydatid Cyst – Case Series and Review of Literature

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ABSTRACT

Aims: Hydatidosis, caused by *Echinococcus granulosus*, is an endemic parasitic disease in Mediterranean countries. The most frequent anatomic locations are liver and lung. Intrathoracic rupture of hydatid cysts situated in the hepatic dome is a serious complication resulting in damage to the pleura, pulmonary parenchyma, and bronchi.

Material and Methods: From 2005 to 2014 we operated on 853 patients with liver hydatid cysts, 4 of them having intrathoracic rupture of a hepatic hydatid cyst. Hepatic and thoracic ultrasonography was performed in all cases. The diagnosis of intrathoracic rupture of a liver cyst was confirmed in all patients.

Results: In two cases a combined thoracic and abdominal approach was used, in one case a thoracic approach with phrenotomy was preferred, and in one case an abdominal approach with phrenotomy was chosen. The postoperative course was somewhat uneventful in 3 cases, but 1 patient died due to pulmonary embolism.

Conclusions: The therapeutic approach depends on ultrasonographic and computer tomography findings (CT). We believe CT-scan to be the best examination for assessing biliary, hepatic, diaphragmatic, and pleuropulmonary lesions. An abdominal approach is necessary when biliary duct drainage is required, and it may be sufficient in cases of direct rupture into the bronchi.

Key words: hydatid disease, echinococcosis complications, intrathoracic rupture of hydatid cysts, therapeutic approach