Uncomplicated Hydatid Cysts of the Liver: Clinical Presentation, Diagnosis and Treatment

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to be 8.7– 42/100,000 [10]. Tanzania, Malta, South Cyprus and New Zealand became hydatid cyst free zones with their applied public

V	Calcified thick- walled cysts
WHO- IWGE (*) Classification	
CL	Unilocular cystic lesion
CE1	Unilocular anechoic cyst. Hydatid sand visible
CE2	Multivesicular, multiseptated cyst
CE3a	Cyst containing a floating membrane due to detachment of the endocyst
CE3b	Cyst with a predominantly solid content due to membranes and few peripheral daughter cysts
CE4	Degenerate cyst structure, no daughter vesicles
CE5	Calcified thick- walled cysts.

Table 1: Gharbi and WHO- IWG classification according to the ultrasonographic appearance of hydatid cyst [14,15].

Figure 2: Ultrasonographic appearance of a calcified hydatid cyst.

Ultrasonography may sometimes be insufficient for the differential diagnosis of the lesion seen in the images. In this case computerized tomography (CT) and magnetic resonance imaging (MRI) may be used. CT is an imaging technique which can detect cysts ≥ 1 cm, has the potential of assessing each organ and is very beneficial in the differential diagnosis. Diagnostic accuracy rates were reported to be between 61-96% in literature [19]. CT gives valuable information regarding the size of the cyst, septation presence, the integrity of germinative membrane, status of liver parenchyma, location and the depth of the cyst and adjacency with bile ducts (Figure-3). The presence of daughter cysts and exogenous cysts can also clearly be seen on CT [20]. Pathognomonic appearances are collapsed membrane and presence of daughter vesicles. Typical eggshell- like appearance is seen in completely calcified cysts. The size of the cyst can be estimated as well. CT is valuable when we considering surgical treatment, especially the laparoscopic method is to be used. Magnetic resonance imaging (MRI) ensures well structural details of the hydatid cysts. Although it might be helpful for demonstrating the lesion in the liver, it does not provide additional information in hepatic lesions and it is not cost-effective when compared with either ultrasonography or CT [21,22]. MRI is especially indicated in cerebral pathologies.

Figure 3: Computed tomography shows valuable information regarding the size of the cyst.

Traditional immunodiagnostic tests (e.g. Casoni skin test, Complement fixation test) are not used today. Detection of *E.Granulosus*-specific antigen and immune complexes with ELISA is

Treatment

T e aim of the treatment is to eliminate parasites, preventing recurrence and reducing morbidity and mortality. Size, site, count of the cyst, cohesion of experienced surgeon and radiologist seem to be the most prominent factors to reach this goal. T e most suitable choice of medical treatment, surgical treatment (Open- Laparoscopic) and

In literature, recurrences have been observed more frequently in

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31.