

PICTURES IN DIGESTIVE PATHOLOGY

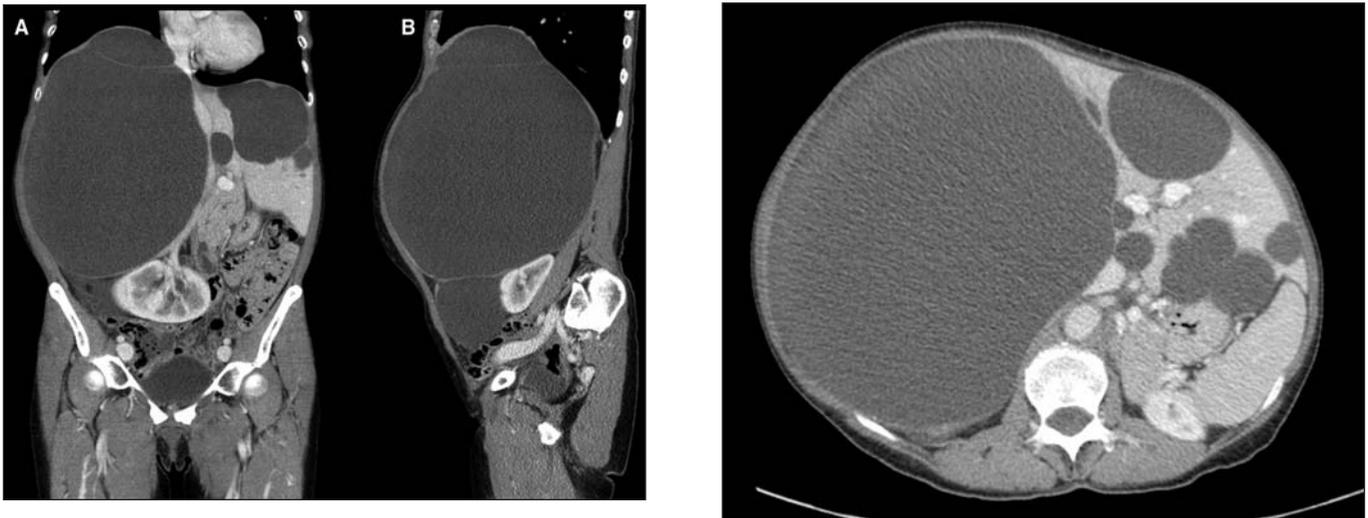
Polycystic liver disease

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CASE REPORT

A 57-year-old woman with a past history of serous ovarian cystadenoma was admitted to hospital complaining of progressive abdominal bloating for the last six months. Physical examination revealed an increase in abdominal perimeter. The rest of the physical examination was normal. Alkaline phosphatase and gamma-glutamyl-transpeptidase were marginally raised, while the rest of the liver function panel was normal. An abdominal contrast-enhanced computerized tomography (CT) scan (Figs. 1 and 2) demonstrated polycystic liver disease with a giant cyst (22 x 19 cm) and a right kidney that was pushed towards the pelvis. Serologic tests for echinococcal antigens were negative. The giant cyst was aspirated under laparoscopic guidance with 5 liters of clear fluid withdrawn. A laparoscopic fenestration was performed without complications. Cystic fluid cultures were negative. A histopathological analysis of wall fragments confirmed the typical findings in a simple cyst. Currently, the patient is asymptomatic.



Figs. 1 and 2. Coronal (Fig. 1A), sagittal (Fig. 1B), and axial (Fig. 2) reformatted abdominal CT scan after intravenous contrast administration. Large cystic masses with smooth contour and homogeneous fluid content may be seen.

Tomografía axial computarizada con contraste intravenoso y reformateados en plano coronal (Fig. 1A), sagital (Fig. 1B) y axial (Fig. 2). Masas hepáticas quísticas de contenido líquido y paredes finas y lisas sugestivas de quistes simples.

DISCUSSION

Polycystic liver disease is rare, with an estimated incidence below 0.01% (1). Patients are usually asymptomatic, but most frequent symptoms include abdominal pain, early satiety, and nausea and vomiting. These symptoms are indicative of significant hepatic enlargement or complications (rupture, bleeding or infection). In selected cases, laparoscopic fenestration can be performed with a morbidity and mortality similar to those of open surgery. In addition, it allows shorter hospital stays and convalescence (2,3). Finally, it offers the advantage of allowing an inspection of the inner surface of cyst walls, and biopsies of any suspicious lesions.

REFERENCES

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