CASE REPORT

Simultaneous Cholecystectomy and Excision of Hepatic Hydatid Cyst

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Abstract:
Coexistence of Cholelithiasis and hepatic hydatid cyst is a rarity and its simultaneous surgical treatment is presented here.

Key word: hydatid, cyst, cholelithiasis, simultaneous.

Introduction:
Hydatid disease is endemic in countries around the medediterranean but seen through out the world. The lesion of hydatid disease (cyst) can occur any where in the body but in 80% cases liver is the affected organ1,2. Synchronous hydatid disease of two different organs is seen infrequently but co existence of hydatid cyst and cholelithiasis is a rarity and in such a case simultaneous operation can be done in same surgical session. We report an experience of such a case.

Case report:
A 33 years old lady presented with two months history of upper abdominal pan and vomiting (off &on). Pain was dull in nature, moderate in intensity and often associated with vomiting. For these complaints she reported her family doctor who sent her for an ultrasound of abdomen which revealed cholelithiasis and she was referred to us for further management. In her past history, at the age of 12 years she completed treatment for tuberculous cervical lymphadenitis. On her abdominal examination there was mild tenderness in right hypochondrium on deep palpation. Liver was not palpable. Hematology showed eosinophils 6% and ESR 40 in 1st hour. Liver function tests were normal.

Repeat ultrasound showed cholelithiasis and a cyst 9x7.5 cms in right lobe of liver. Cyst wall was not calcified. CT scan of abdomen showed cholelithiasis and a well defined non calcified hypo echoic area 9x8 cms in segment VI of liver (Figure I).

She was given a course of albendazole and six weeks later simultaneous cholecystectomy and excision of hydatid cyst was done.

She made an uneventful recovery. She is free of any recurrence till to date (six years).

Discussion:
Cholecystectomy has been a standard treatment and second most common operation perforemed. Patients with hydatid cysts frequently present a therapeutic challenge.3

There is no guaranteed response to medical therapy (albendazole/ mebendazole) and the cyst is a potential of serious complication 3,4, percutaneousaspiration-injection-reaspiration (PAIR) has been proposed as an alterative to surgery but with utmost precautions the recur-

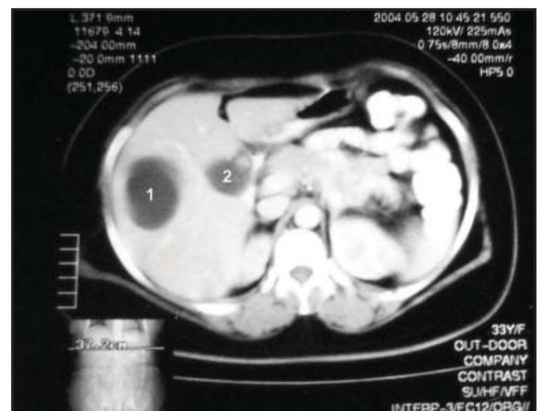

Figure 1: *CT scan of abdomen shows (1) cyst in sgement VI of liver and (2) calculus in the neck of gall bladder*

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rence rate in most series is from 10% to 19.8& hence surgery remains the first line treatment for hepatic hydatid disease and is the only modality applicable over the entire spectrum of disease 3,5. After surgery an overall recurrence rate is 10% but surgery combined with perioperative treatment with albendazole has proved this approach effective with very few recurrences 3,6. Since there is a potential risk of accidental spillage of daughter cysts at operation therefore it makes surgeons cautious to combine excision of hydatid cyst with a relatively clean operation like cholecystectomy but with a course of albendazole started preoperatively can make this task safe and effective.

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