

Huge Hydatid Cyst Of Left Lobe Of Liver Complicated With Biliary Fistula-Its Management.

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I. Introduction

Hydatid cyst is clinically common condition caused by a parasite *Echinococcus granulosus*, with most common involvement of segment vii- 27%. Commonly right lobe-66%, both lobes in 16% and only left lobe is involved in 17%[11]. Liver hydatid disease can be diagnosed by radiological investigations. Various management methods are available, for big hydatid cyst cystectomy under antihelminthic cover is commonly used. Common post operative complications include infection, biliary leak and recurrence of disease.

II. Case REPORT

A 45 years old female was admitted in SMIMER hospital with complain of epigastric pain, her CT Scan abdomen suggestive of huge hydatid cyst of 17x12 cm of size almost replacing left lobe of liver. Patient was given Tab Albendazole 400 mg tds for 3 weeks and then taken for cystectomy laparoscopically avoiding any spillage. Thorough hypertonic saline irrigation done in the cavity. Deroofing of the cyst was then done. No bile leak or biliary communication was seen. Omentopexy done and single drain kept. Patient start draining gradually increasing bile in the drain. Output increased up to 600ml in 24 hrs. ERCP was done and leak was established from 2nd and 3rd segmental ducts. Endoscopic sphincterotomy with selective stenting of 2nd duct done and 3rd duct could'nt be stented. The drain output started decreasing gradually to subside completely by 17th post-operative day. Patient is in regular follow up without any complain.



III. Discussion

Partial pericystectomy with cyst evacuation followed by cavity management consider simple and safe conservative technique in management of hepatic hydatid cyst . however their main disadvantage high frequency of biliary leakage from a cystobiliary communication.[1,2,3,4,5,7] After excision of liver hydatid cyst 80% patient with low bile leak output fistula were dealt with conservatively for spontaneous closure in 40-90 days[2,3,6].and 20%patient with high output post operative bile leak need intervention for biliary decompression procedures to facilitate fistula closure as follows. 5% patient referred for ERCP sphincterotomy, 5% patient treated by common bile duct exploration with t-tube drainage, 5% patient treated by trans-duodenal sphincterotomy and 5% treated by internal drainage(cysto-enterostomy). [12,2,4,8,9,10] Adas G et al. concludes in a multicenter study in 2010 conducted on 109 patients who underwent endoscopic sfincterotomy, obtaining in all cases and the fistula closure order biliary fistulas with high flow over 300ml/zi indicates addition sfincterotomy and placing a stent in the bile, it decreased during fistula healing (13).The success rate in healing external biliary fistulas by endoscopic sfincterotomy using drainage is considered in the

literature to be 83.3 to 100%, averaging approximately 90% (14).

In our study we managed high bile output by conservatively, selective stenting of the duct.

IV. Conclusion

Post-operative leakage of bile and managed by selective stenting of the Duct.

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