



## International Journal of Case Reports in Surgery

E-ISSN: 2708-1508

P-ISSN: 2708-1494

IJCRRS 2022; 4(1): 25-26

[www.casereportsofsurgery.com](http://www.casereportsofsurgery.com)

Received: 21-11-2021

Accepted: 29-12-2021

**Dr. Sushil Deshmukh**

Consultant, Department of  
Surgery, MAEER'S Vishwa  
Raj Hospital, Pune,  
Maharashtra, India

**Dr. Aniket Zarkar**

HOD, Department of Surgery,  
MAEER'S Vishwa Raj  
Hospital, Pune, Maharashtra,  
India

**Corresponding Author:**

**Dr. Sushil Deshmukh**

Consultant, Department of  
Surgery, MAEER'S Vishwa  
Raj Hospital, Pune,  
Maharashtra, India

# A rare condition: Multiple large liver swelling/cyst of a 49-year-old female

**Dr. Sushil Deshmukh and Dr. Aniket Zarkar**

## Abstract

Liver cysts have been estimated to occur in 5% of the population. Multiple liver cysts can also be part of the polycystic disease complex. Only symptomatic or complicated cysts need surgery. Liver cysts are a common disease in which patients are often asymptomatic. However, multiple or enlarged cysts can cause symptoms, such as abdominal pain and multiple organ compression; nevertheless, these are amenable to treatment traditionally, laparotomy is the procedure of choice. The reliable and effective treatment of such cases of vascular stenosis has not yet been established. Hybrid operating rooms have been used in a variety of surgical procedures. The advantages of the hybrid operating room include the ability to intraoperatively confirm the lesion and the therapeutic effect of the surgery [8]. Here, we report a case, wherein we performed and completed fenestration in a hybrid operating room with interventional radiology for a patient with portal hypertension and IVC and hepatic vein stenosis caused by multiple huge liver cysts.

**Keywords:** Multiple large liver, cyst

## Introduction

Cystic lesions of the liver represent a heterogeneous group of disorders, which differ in etiology, prevalence, and clinical manifestations. Most liver cysts represent true cysts that are found incidentally on imaging studies and tend to have a benign course. A minority of liver cysts can cause symptoms and rarely may be associated with serious morbidity and mortality. Larger cysts are more likely to be symptomatic and cause complications such as spontaneous hemorrhage, rupture into the peritoneal cavity or bile duct, infection, and compression of the biliary tree. Some cystic lesions of the liver may have unique complications such as malignant transformation in the case of a mucinous cystic neoplasm (cyst adenoma) or a ciliated hepatic foregut cyst, or anaphylactic shock due to a hydatid cyst. Some of these complications may occasionally mandate surgical intervention. Liver cysts causing systemic symptoms due to hemodynamic disturbances of the inferior vena cava (IVC) or portal vein (PV) are very rare, with only a few reports to date. Liver cyst treatment includes medical therapy, such as percutaneous drainage and sclerotherapy with alcohol or minocycline injection into the cyst; however, recurrence cannot be avoided in these therapies

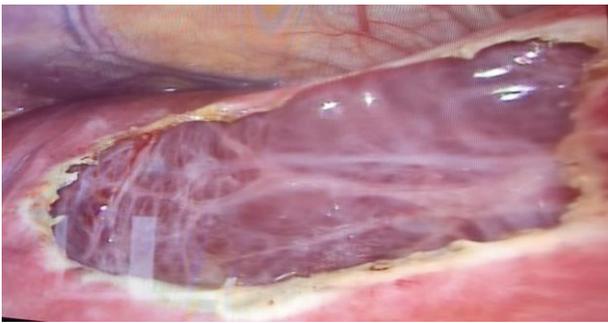
## Case history

Patient had been experiencing persistent pain in the abdomen for several months, which was not relieved by medication. The patient had visited several doctors, but none of them could identify the underlying cause of the pain. On physical examination, patient had tenderness and distension in the upper abdomen. Her liver was enlarged, with multiple cysts measuring 20cm in size or of the size of watermelon. Patient underwent a CT scan and ultrasound (USG), which confirmed the presence of multiple large cysts in her liver. The largest cyst measured 20cm in size. Blood tests showed elevated liver enzymes. Patient was diagnosed with multiple liver cysts, which were causing the persistent pain in her abdomen. Given the size of the cysts, surgical intervention was deemed necessary.

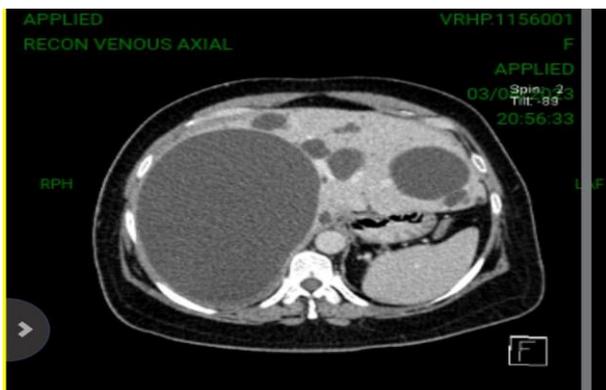
Patient underwent advanced laparoscopic surgery to remove the cysts. The surgery was successful, and all the cysts were removed without any complications. Postoperatively, patient was monitored for any complications and was started on antibiotics to prevent any infection. Patient had an uneventful postoperative course and was discharged after 5 days. She was advised to follow up for regular monitoring of her liver function and to ensure that the cysts did not recur, and was also advised to make some lifestyle changes, to reduce the risk of liver damage. Surgery was successfully carried out and patient had an excellent relief. Early diagnosis and prompt surgical intervention are crucial for successful management.

## Discussion

There are not many reports in the literature regarding large series of patients, further confirming the rarity of the disease. Liver cysts can occur as a part of polycystic renal and lung disease or isolated to the liver alone. Laparoscopic deroofing is the ideal treatment for nonpolycystic liver disease, and laparoscopic radical excision is ideal for polycystic liver disease. Simple needle aspiration or sclerotherapy is inadequate as recurrence is almost 100%. Our presented case supports much of the current literature on MCN-L. MCN-L is known to be a disease seen almost exclusively in women. Ages have been reported from as young as 21 years to as old as 80 years, with a mean age of around 45 years. While the clinical manifestations are variable, the most common symptom at time of presentation is abdominal pain.



**Fig 1:** Hepatic cyst – Deroofing



**Fig 2:** CT scan

## Conclusion

In conclusion, in the present case, patient underwent advanced laparoscopic surgery to remove the cysts. The surgery was successful, and all the cysts were removed

without any complications. In this case, the most important preoperative concern was to accurately identify the cyst responsible for the disease state and ensure that the disease would improve by fenestrating the cyst. To achieve this purpose, it is essential to evaluate the effect of treatment using multiple intraoperative monitors.

## Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

## Funding Source

There is no funding Source for this study.

## Acknowledgement

Most sincerely convey our deep sense of gratitude to my colleagues for remarkable guidance and academic support during this study. At last we are grateful about the support and help we got throughout the research study from participants contribute to accomplishing the research study successfully.

## References

1. Yeh J, Palamuthusingam P, Mucinous cystic neoplasm of the liver: A case report, *Journal of Surgical Case Reports*. 2020 July;2020(7):220.
2. Ishikawa S. Treatment of multiple huge liver cysts in a hybrid operating Room: A case report. *Surg. Case Rep*. 2021 Dec;7:232. Published online 2021 Oct 29.
3. Regev A, Reddy RK. Diagnosis and management of cystic lesions of the liver; c2023 Jun.
4. Palanivelu C. Laparoscopic Management of Symptomatic Multiple Hepatic Cysts: A Combination of Deroofing and Radical Excision. *JSLs*. 2007 Oct-Dec;11(4):466-469.
5. Liver health. When Do Liver Cysts Cause Complications?
6. <https://www.verywellhealth.com/liver-cyst-7503423>