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ABSTRACT BOOK

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SURGICAL TREATMENT OF THE LIVER HYDATID DISEASE IN THE ERA OF PERCUTANEOUS TREATMENT

K. Yorgancı, I. Sayek, M. Çakmakçı, D. Onat, O. Aran, O. Akhan

Departments of General Surgery and Radiology, Faculty of Medicine, Hacettepe University, Ankara, Turkey

Background. In selected patients, percutaneous drainage of the liver hydatid disease is now an effective alternative to surgery. The aim of this study was to evaluate the indications for surgery and the results of surgical treatment in patients with liver hydatid disease that have not suitable for percutaneous drainage.

Methods. Medical records of 95 patients (31 men, 64 women, and mean age 44 years) who were not candidates for percutaneous drainage and underwent surgical treatment during the period 1992-1999 were reviewed.

Results. Indications for surgical treatment were hydatid cysts containing solid components on sonographic appearance (n=58), rupture or compression to biliary tract (n=18), complications of percutaneous treatment (n=6), cystobronchial fistula (n=2), rupture into peritoneal cavity (n=2), failure to differentiate from malignancy (n=1) or choledocal cyst (n=1) and acute abdomen (n=7). Surgical procedures for 102 hydatid cysts were partial cystectomy either with omentoplasty (n=45) or tube drainage (n=42), cystectomy (n=12) and liver resection (n=3). Additional biliary procedures were necessary in 26 (26.4 %) patients. These were cholecystectomy (n=25), bile duct exploration (n=19), T-tube drainage of biliary tract (n=13) and choledochoduodenostomy (n=3). One patient died intraoperatively because of portal vein laceration. The overall incidence of postoperative complications was 36.8 %. Partial cystectomy had a significant higher complication rate than cystectomy or liver resection (25.3 % vs 6.7 %) (p<0.05). Additional biliary surgical interventions also had a higher complication rate (61.5 % vs 27.5 %) (p<0.05).

Conclusion. Successful treatment of uncomplicated liver hydatid disease by percutaneous drainage faced the surgeons to more complicated surgical interventions. Radical procedures should be preferred in such cases.

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A NEW MININVASIVE METHOD FOR TREATMENT OF LIVER HYDATID DISEASE

K. Ignatov, A. Ilieva, D. Stoikov, F. Ianev, I. Lalev, I. Angelev
Department of General Surgery, Higher Medical Institute, Pleven, Bulgaria

Aim: Presentation of the contiguous stages of PAIR and comparing the initial results of treated by PAIR patients to disease put under conventional surgery.

Patient and Methods: The study presents 7 patients (with 8 hydatid liver cysts) aged between 22 and 52 years, treated with PAIR between II-X. 1999. Four patients had a history of surgery for hydatid disease. All the cysts have been I stage by Gharbi classification and punctured and aspirated with Shiba needle or Cook catheter 5F. Being proved scolices microscopically in the fluid, the 960 alcohol has been injected and reaspirated after 10-15 min. The patients have had antibiotic, antiallergic and albendazol protection during the punction.

Results: Detachment of the endocyst and initial 60-80 % decrease of cyst's volume are observed in 6 cysts (5 patients) after PAIR. In the early follow-up period (15-30 days) an increase in the size have been observed. In the next months the cyst's size decrease gradually and in the same time the cyst's contents is changed from hetero- to hyperechoic. We have no observations for allergic reaction, suppuration of cavity or relapse of disease.

Conclusion: PAIR is a competitive method with the conventional echinococectomy in case of liver hydatid cysts I and II type by Gharbi classification. The price of the punction and consecutive Albendazol treatment for a month is lower than the price of conventional surgery.

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SURGERY OF THE HYDATID CYSTS OF THE LIVER: CASUISTRY OF DEPARTMENT OF SURGERY 6

D. Vaz Jose, SC. Jose, AP. Carlos

Hospital St. Antonio dos Capuchos Serviço, Portugal

Method: The authors have reviewed the casuistry from their Department for a period of 15 years, with 80 cases of hydatid cyst of the liver.

Results: 27 men and 53 women have been treated with an average age of 55 years. The most common location was the right lobe of the liver. The following surgical procedures have been done:

Total pericystectomy, 17 cases one using laparoscopic surgery; partial cystectomy, 52 cases. Segmentectomy, 5 cases; right hepatectomy, 3 cases; left hepatectomy, 1 case. Two patients died.

Morbidity included 2 cases of cyst cavity abscess, which ended surgical drainage; 3 cases of pneumothorax; 1 case of biliary fistula and 1 case of haemoperitoneum. Recurrence was found in 2 cases (2.5%).

Conclusion: Treatment of liver hydatid cyst is primarily surgical. The ones having central and hilary localization as well as the ones with large dimensions have increased risk.

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BILIARY COMPLICATIONS WITH ECHINOCOCCAL ETIOLOGY: TREATMENT AND DIAGNOSIS ASPECTS

M. Ghiur, D. Peta, D. Serbanoiu, D. Cochior, L. Ghiur, A. Zubchea

Surgery Clinic, CFR II Hospital, Bucharest, Romania

Background: We discuss 22 cases with acute hydatid cholangitis after surgical treatment, in 10 years, representing 12% from all cases with hepato-choledocian obstruction.

Methods: The total number of surgical interventions for various anatomical forms of hepatic echinococcosis was 65 (7% from all surgical interventions), but only 22 cases (30%) - 14 men and 2 women - presented hydatid cysts ruptured into the bile ducts. From etiopathogenic point of view, the mechanism of jaundice during the evolution of the hepatic hydatid cyst is the obstruction of the common bile duct with hydatids or germinal layer remnants. Because of the irritation and inflammation produced by parasite transit sclerotic oddities appear, obstruction that need a detailed assessment and a proper therapeutic attitude. Surgical approach should be correlated to the patient's status and necessities of treatment, trying to eradicate the hepatic hydatid cyst and to liberate the main bile duct.

Results: We performed: choledocotomy for evacuation with external drainage in 8 cases - 36% (1 decease) choledocotomy for evacuation, with choledochoduodenal amastomosis in 6 cases 0 27%, choledochojunostomy in 4 cases- 18% (1 decease) - and sphincterotomy of Oddi sphincter in 4 cases (18%). Postoperative mortality - 2 cases (9%) - occurred in patients with complicated uremic cholangitis after suppuration and hepato-renal failure.

Conclusion: Even nowadays, the hepatic hydatid cyst represents a severe affection, with important morbidity, characterized by a hard postoperative evolution and frequent surgical interventions. The authors think that hydatid cyst with bipolar hepato-biliary location must be correctly managed in a unique operation. At the serious patients, with advanced sepsis, must be performed minimal interventions of drainage.

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EFFECTS OF PREOPERATIVE ALBENDAZOLE TREATMENT TO VIABILITY ON LIVER HYDATID CYSTS

A. Karamercan, M. Oğuz, B. Salman, E. Ersoy, E. Tekin, B. Menteş, F. Taneri

Department of General Surgery, Faculty of Medicine, Gazi University, Ankara, Turkey

Nowadays, basic treatment of the liver hydatid cyst is surgery. Although preoperative albendazole in the dose of 10 mg/kg treatment has been