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**CALSIFIED HYDATID LIVER CYST-SURGICAL TRACTICS  
RELATED TO THE STAGES OF CALSIFICATION**

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**Aim:** Presentation of our practical classification of the calcified hydatid liver cysts and our surgical tactics and indications for surgery related to the stages of calcification.

**Patients and methods:** The study presents 172 patients, aged between 16 and 83 years, treated for liver hydatid disease between 1991-2000. We differentiate 3 stages of calcination: Partial calcification in the pericyst-25 cysts; Ring calcification-24 cysts; Petrification-calcification also in the central zones of the parasite-16 cysts. All the patients are tested immunologically-IHA and/or and a connection with the presence of scoleces which are microscopically examined for vitality is searched.

Radical surgery (cystopericystectomy or atypical liver resection) is applied in 5 cases and conservative surgery in the rest of the cases-maximal deroofing, and semi-closed Method to the residual cavity.

**Results:** The operative mortality is 0%. The patients are discharged from the clinic between 10 and 32 days. The postoperative complications include prolonged outflow of bile from the drains and subdiaphragmal abscess when conservative surgery is applied. Vital scoleces are found in all the cases with partial calcification, and in none of the cases with petrification.

**Conclusion:** The patients with partial calcification should be operated not depending on immunologic tests, because tests, because of the danger of additional complication. Patients with ring calcification go through surgery only after positive reactions. In the cases with petrification we don't undertake any surgery, regardless of immunologic reactions.