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**Hypersplenism secondary to splenoportal axis compression by a giant hepatic cyst**

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**INTRODUCTION**

Simple hepatic cysts (SHCs) are formations that contain serous fluid surrounded by normal hepatic parenchyma with no communication with intrahepatic bile ducts. Symptoms develop as a result of their size or complications such as bleeding, rupture, intracystic infection or compression of adjacent structures (1-3).

**CASE REPORT**

A 50-year-old female patient was referred to the Hematology Department for thrombocytopenia with no clinical manifestations. Ultrasound and abdominal CT scans revealed a space-occupying lesion (SOL) of the liver, 16 x 11 x 16 cm in size, compatible with SHC, exerting a mass effect on neighboring structures (Fig. 1.)

Doppler ultrasonography confirmed a large liver cyst, 20 cm in diameter, which compressed the portal vein and exhibited stenosis and retrograde dilation of 13 mm in caliber, with low velocity flow and a 13 cm splenomegaly (Fig. 2). A pigtail drainage catheter was used, which did not result in any immediate complications, and normal serous fluid was drawn out. A cystogram and sclerosis with absolute alcohol followed 48 hours later.

Laboratory parameters returned to normal after one month. Doppler ultrasound showed a 3 cm heteroechogenic area with poorly defined contours that corresponded to the residual cavity left behind by the drained cyst (Fig. 3).

## DISCUSSION

Hypersplenism from extrinsic splenoportal axis compression is relatively uncommon. In this case, the cyst healed with minimally invasive therapy and ultrasound monitoring. Symptomatic liver cysts may be managed percutaneously (aspiration with/without intracystic injection of alcohol or other sclerosing substances) or surgically. Subsequent monitoring is required until full resolution (1-3).

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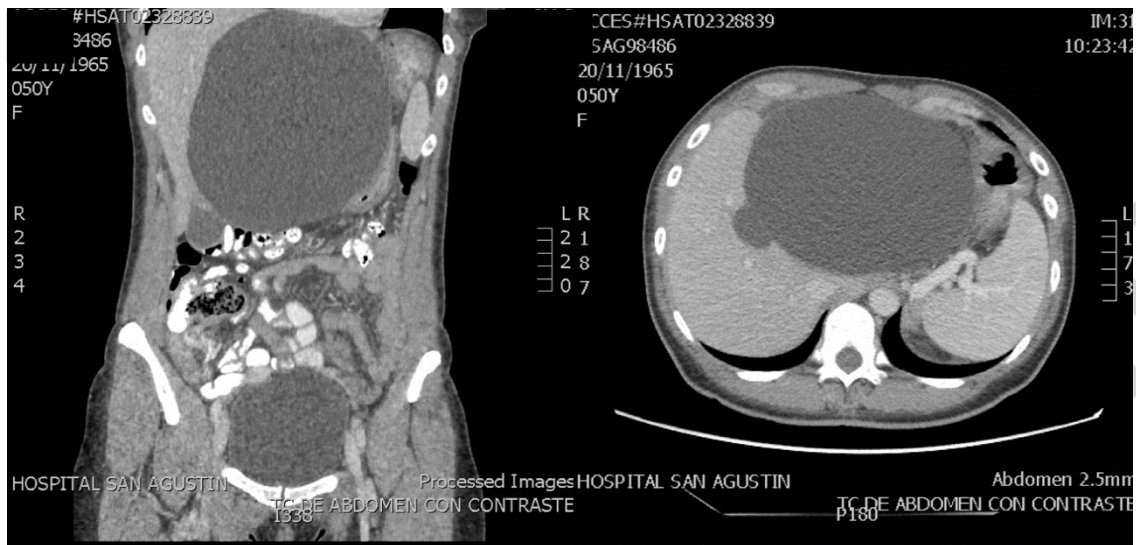


Fig. 1. Abdominal CT scans showing a space-occupying lesion of the liver exerting a mass effect on neighboring structures and resulting in compression of the splenoportal axis.

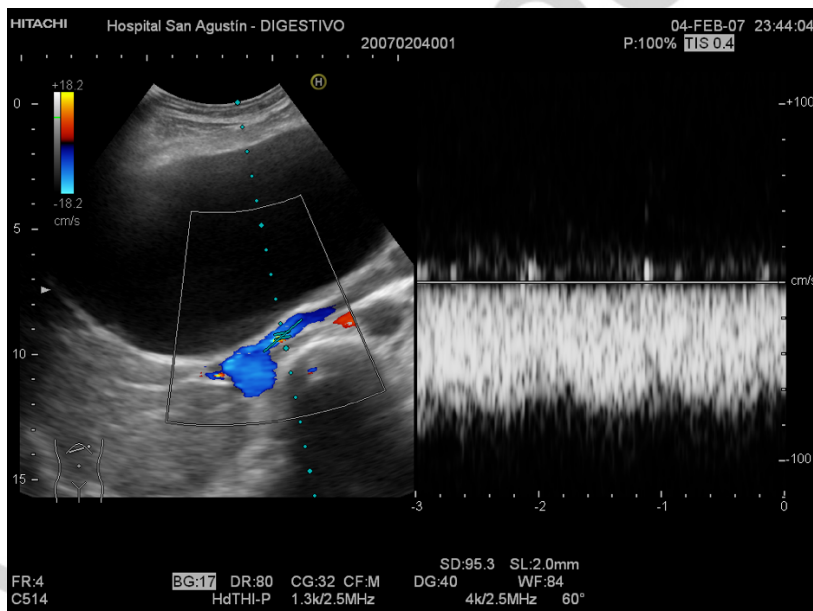


Fig. 2. A doppler ultrasound exam confirming the presence of a SOL of 20 cm in diameter in the liver and portal vein compression with retrograde dilation and slow velocity flow.

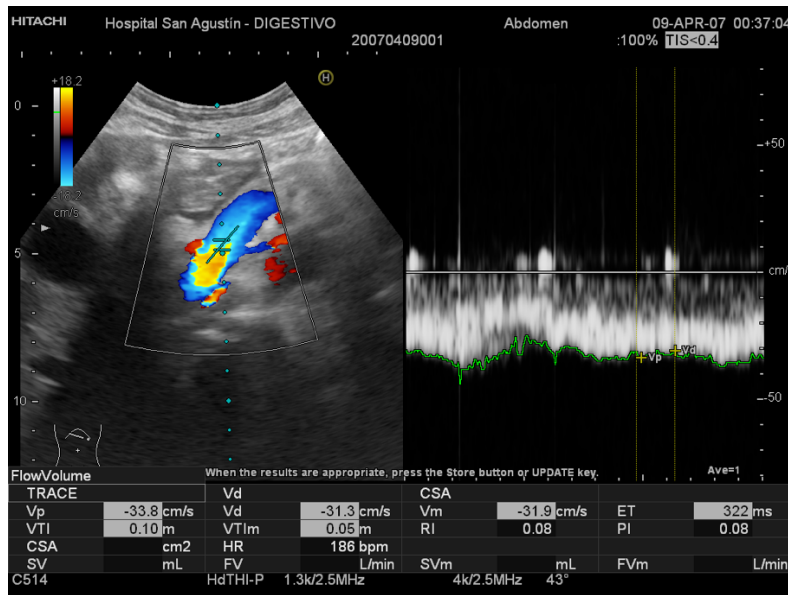


Fig. 3. Doppler ultrasound exam performed one month after cavity drainage and sclerosis with absolute alcohol. A 3 cm heteroechoic area with poorly defined contours that corresponds to the drained residual cavity can be seen. The splenoportal axis has a regular, normal caliber.