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Dear Editor,

We have carefully read the article by Ramia et al. titled "Radical surgery in hepatic hydatidosis: an analysis of results in an endemic area", where the authors prioritize ultrasonographic assessment according to the WHO classification as a strategy for the surgical planning of hepatic hydatid cyst (HHC) (1). However, they did not consider drug therapy or the use of contrast-enhanced computed tomography (CECT) during preoperative assessment despite their being considered surgical success factors in the literature (2,3).

During preoperative assessment, Zhang et al. state that ultrasound provides not enough information for guiding surgery. In this respect, they recommend using CECT as it will better define the morphology of both the HHC and the bile ducts around it, thus having a positive impact on surgical outcome (3,4).

In turn, Velasco et al. conclude that therapy with albendazole is advisable in the primary management of HHC in order to reduce cyst size, provide cyst sterilization, and prevent relapse, thus improving the outcome for patients undergoing surgery (2). Similarly, Pinto et al. suggest that administering this drug for 15 days before and 2 months after the procedure plays a relevant role in the prevention of surgical recurrence (3,5).

To conclude, we deem it important to highlight that the use of CECT in surgical planning, together with an appropriate drug therapy, helps reduce complication and relapse rates. Therefore, it is pertinent to note that HHC treatment success is not only

dependent on the surgical procedure itself, but also on appropriate pre- and post-surgical planning including the above-mentioned factors.

REFERENCES

1. Ramia J, Manuel-Vázquez A, Gijón C, et al. Radical surgery in hepatic hydatidosis: Analysis of results in an endemic area. *Rev Esp Enferm Dig.* 2020;112(9):708–11.
2. Velasco-Tirado V, Alonso-Sardón M, Lopez-Bernus A, et al. Medical treatment of cystic echinococcosis: Systematic review and meta-analysis. *BMC Infect Dis.* 2018;18(1):306.
3. Zhang H, Yang J, Li J, et al. An integrated surgical training program for hepatic cystic echinococcosis in xinjiang of china. *PLoS Negl Trop Dis.* 2020;14(3):1–15.
4. Burgos L, Losada H, Silva J, et al. Tratamiento quirúrgico de la hidatidosis hepática, enfermedad hepática y cirugía. In: *Intech.* 2019. p. 1–23.
5. Pinto P. Diagnóstico tratamiento y seguimiento de la hidatidosis. *Rev Chil cirugía.* 2017;69(1):94–8.