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Icteric syndrome secondary to polycystic liver disease

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Dear Editor,

A 57-year-old male with hypertension, weight loss of 10 kg in the last two months, intermittently followed by nocturnal diaphoresis, early satiety and gradual increase in abdominal circumference presented due to sudden onset abdominal pain located in upper quadrants and generalized jaundice. Diagnostic tests were performed, finding increased aspartate aminotransferase (AST) 160 mg/dl, alkaline phosphatase of 64.567 and hyperbilirubinemia at the expense of direct bilirubin of 4.7. During physical examination, hepatomegaly with irregular edges was detected, which was painful on palpation. Abdominal magnetic resonance imaging showed that the liver had an increased volume in its dimensions, longitudinal 226 mm, anteroposterior 190 mm, with heterogeneous echogenicity due to multiple images of diffuse distribution of cystic predominance. The fluid levels ranged from 20 to 40 mm in the entire liver parenchyma, compatible with Gigot type 3 polycystic liver disease (Fig. 1). Surgical exploration was performed, where macroscopically ovoid fibrous-like lesions were observed occupying more than 80 % of the

liver parenchyma (Fig. 2). Therefore, they were considered a candidate only for surgical management by liver transplantation. Symptomatic management was initiated and the patient is currently awaiting surgical resolution.

Discussion

Polycystic liver disease is a rare pathology, characterized by liver cysts, with progressive growth associated with hepatomegaly (1). Up to 95 % of patients are asymptomatic, however, the rest may have symptoms such as abdominal distension, pain, early satiety, postprandial fullness, dyspnea and weight loss, all depending on the hepatomegaly and quantity, size and location of the cysts. The diagnosis is made through imaging and using Gigot's classification, which is divided into three types: type I, less than ten large cysts (7-10 cm) and large free areas of parenchyma; type II, medium cysts (5-7 cm) with large free areas; and type III, cysts smaller than 5 cm with few free areas. This classification also guides us to the type of treatment that can be applied (2).

A case without any family health history of polycystic liver disease is reported who gradually presented symptoms and was evaluated primarily because of generalized jaundice. Imaging studies found multiple small liver cysts occupying most of the parenchyma, classifying the patient with Gigot type III polycystic liver disease, making them a candidate for liver transplantation.

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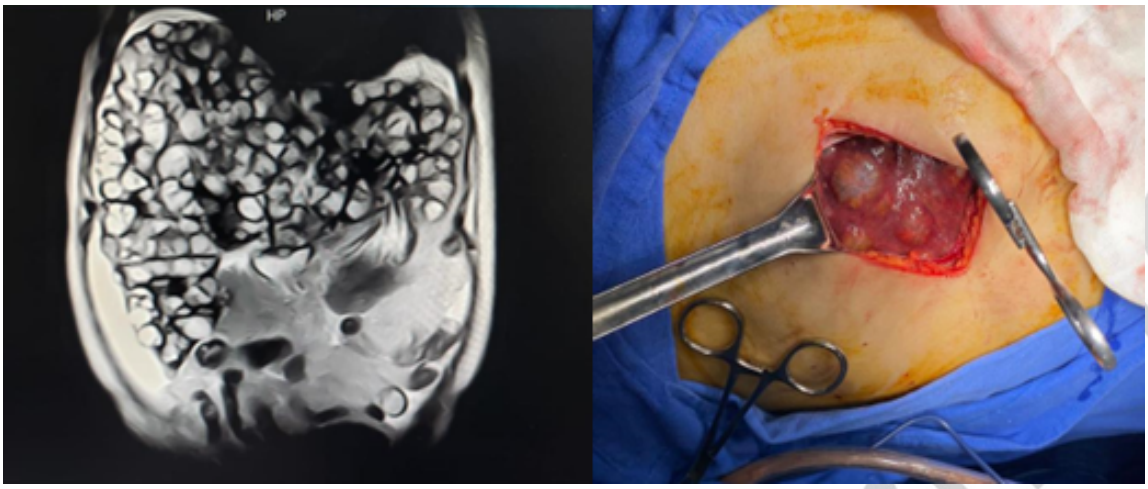

Fig. 1. A. Magnetic resonance imaging with heterogeneous echogenicity due to multiple images of diffuse distribution, predominantly cystic, with fluid levels, ranging from 20 to 40 mm, in the entire liver parenchyma, compatible with Gigot type 3 polycystic liver disease. B. Macroscopically observed ovoid fibrous-like lesions occupying more than 80 % of the liver parenchyma.