

Title:

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Management of hydatid cyst in a centre with high prevalence. Descriptive series

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Dear Editor,

Hydatidosis is caused by the larval stage of the genus *Echinococcus*. Humans are an accidental intermediate host. The main organ affected is the liver (70%)¹. The incidence increases in endemic regions such as North Africa, Eastern Europe and South America². The aim is to present a descriptive series of cases treated in our hospital in the last 5 years.

A retrospective descriptive study of patients operated on for hepatic hydatidosis in the last 5 years (2018-2023) is performed. Demographic variables were considered; preoperative variables such as the presence of comorbidities (hypertension, type 2 DM, obesity, etc.) and scolical treatment. Concerning the characteristics of the cyst, the symptom of debut, location, extension and size were recorded, as well as its radiological classification. The type of intervention, the presence of intraoperative and postoperative complications, as well as reinterventions are described. In addition, readmission rates and length of hospitalisation were collected.

Fourteen patients were included (**TABLE1**), 50% were women and the mean age was 50.69 years (SD 15.76). Regarding origin, 57.1% were from North Africa, followed by Eastern Europe (21.4%) and Spain (21.4%). Regarding the characteristics related to the hydatid cyst, the predominant debut symptom was abdominal pain in 71.4%. In 57.1% of cases it was located in the right hepatic lobe, 35.7% involved the left lobe exclusively, and one patient (7.1%) had bilobar involvement. The extension was exclusively hepatic in 11 patients (78.6%). The mean maximum diameter was 9.13cm (SD 4.28).

According to radiological classification, 57.1% were classified as CE2, CE3B 28.6% and CE3A 14.3%. 71.4% had a single hydatid cyst and 28.6% had multiple locations. All patients received albendazole prior to surgery except one patient in whom it was contraindicated due to ITP. Cystoperichistectomy was performed in 35.7%, total cystorresection in 14.3% and subtotal cystoperichistectomy in 50%. Eight (57.1%) postoperative complications were recorded. The readmission rate was 35.7%.

Hydatid cyst surgery is indicated in cysts larger than 10cm in diameter, complicated cysts or cysts with daughter vesicles (CE2,CE3b), and also in cysts smaller than 10cm if there is a risk of rupture. Morbidity rates range between 12-84%, and mortality rates between 0.5 and 6.5% depending on the series¹⁻³.

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Table 1: Results of descriptive series. Demographic variables, cyst characteristics, preoperative variables and postoperative results.

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DEMOGRAPHIC CHARACTERISTICS		N = 14
Age: mean (SD)		50,69 (SD 15,76)
Sex: women (n)		50% (n=7)
Origin: % (n)		
Spain		21,4% (n=3)
North Africa		57,1% (n=8)
Eastern Europe		21,4% (n=3)
Comorbidities: % (n)		57,1% (n=8)
Hypertension		42,90%
Type 2 DM		21,40%
AMI		7,10%
Obesity		14,30%
Debut symptom		
Abdominal pain		71,4% (n=10)
Palpable mass		7,1% (n=1)
Obstructive jaundice		7,1% (n=1)
Abdominal infection		14,3% (n=2)
CHARACTERISTICS HYDATID CYST		N = 14
Location: % (n)		
Right		57,1% (n=8)
Left		35,7% (n=5)
Both		7,1% (n=1)
Extension: % (n)		
Hepatic		78,6% (n=11)
Hepatic + Peritoneal		7,1% (n=1)
Hepatic + Splenic		7,1% (n=1)
Hepatic + Ovarian		7,1% (n=1)
Number: % (n)		
Single		71,4% (n=10)
Multiple		28,6% (n=4)
Maximum diameter: cm (SD)		9,13 (SD 4,28)
WHO Radiological Classification: % (n)		
CE2		57,1% (n=8)
CE3A		14,3% (n=2)
CE3B		28,6% (n=4)
Fistulization to bile duct: % (n)		21,4% (N=3)
SURGICAL CHARACTERISTICS		N = 14
Type of surgery: % (n)		
Total cystopericystectomy		35,7% (n=5)
Subtotal cystolithopericystectomy		50% (n=7)
Liver resection		14,3% (n=2)
Complications: % (n)		
Intraoperative		7,1% (n=1)
Postoperative		57,1% (n=8)
Abscess/collection		21,4% (n=3)
Pleural effusion		7,1% (n=1)
Biliary fistula		14,3% (n=2)
Haemoperitoneum		7,1% (n=1)
Exitus		7,1% (n=1)
Clavien-Dindo: % (n)		
CD II		14,3% (n=2)