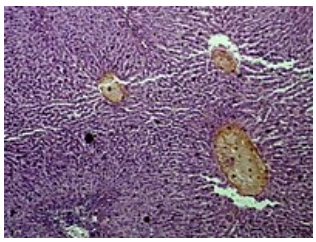
Liver Cysts and abscess

Liver cysts

We divide them into **congenital**, **parenchymal**, **bile**, **acquired**, **neoplastic** and **traumatic**.



Liver with cysts caused by coccidia

Congenital cysts

They occur either as *solitary* or as *polycystosis*.

Solitary

They are most often in the right lobe, they are caused by a disorder in the development of the bile ducts. Smaller cysts are monitored with USG či CT, they are rarely symptomatic and almost do not grow. Larger cysts must be surgically removed - cystectomy and suture. We must histologically examine each removed cyst to see whether it is **cystadenocarcinoma**.

File:Polycystóza jater.jpg
CT of liver with polycystosis

Polycystosis

Congenital polycystosis manifests itself in infants. It is often associated with cystosis of other organs (kidneys, pankreas). Severe forms are an indication for transplantation.

Acquired cysts

The causes include e.g. Echinococcosis caused by the parasite *Echinococcus granulosus* (large cysts filled with fluid) or *Echinococcus multilocularis* (thin-walled cysts s surrounding infiltration). The so-called*echinococcal cyst*.

Clinical presentation

Indefinite difficulties with a feeling of fullness of the abdomen, sometimes a palpable tumor. It is less often ikterus present from pressure on the bile ducts, cholangitis when fistula into the bile ducts, bleeding into the GIT from pressure on the blood vessels.

Diagnostics

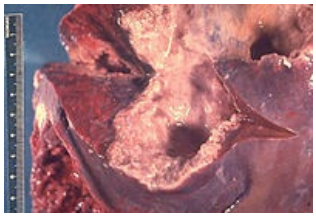
Main methods are USG, CT, serology, skin tests and monitoring eosinophilia. Puncture is contraindicated when parasitic origin is suspected.

Therapy

Instillation of 20% NaCl, 50% glucose or 0.5% argentitrate (prevention of shock when the contents of the cyst spill over the peritoneum) and then surgically removed. **cystectomy and pericystectomy** are performed, or resection with part of the liver. The procedure is covered by **mebendazole**. Recurrence threatens if the abdominal cavity is contaminated.

Liver abscess

They are either *solitary* (60%) or *multiple* (40%). They are most often located in the right lobe. The causative agents include **bacteria**, **amobea** or **fungi**.



Liver with abscess caused by amoebae

Etiology

They most often occur secondarily as a result of surgery, trauma, cholangitis or pseudocyst infection, eg by hematological spread through the *v. portae* or arterially in sepsis sepsis. We **Cultivate** *E.coli*, *Klebsiella*, *Enterobakter*, anaerobes (*Bacteroides*). It often arises as a 'cryptogenic abscess*, where there is a direct transfer from the environment (most often from the gallbladder). Recently, the number of abscesses after bile duct endoscopies has been increasing.*

Clinical presentation

High temperatures are common in bacterial abscesses, but not in fungal abscesses. Abdominal pressure pain, nausea, feeling sick, phrenic nerve symptom.

Examination

- **palpation** – fullness and tenderness in the right epigastrium
- **RTG** – high diaphragm, unilateral fluidothorax
- **confirmation of the diagnosis** – USG, CT, targeted puncture
- **in KO** – leukocytosis, anemia, increased ALP, hyperalbuminemia
- **blood culture** may not be positive!

File:Absces jater před drenáží.jpg
CT – liver abscess before drainage

File:Absces jater po drenáži.jpg
CT – liver abscess after drainage

Therapy

Abscesses should be drained, either puncture under USG or CT control or openly. Aspirate the cavity and rinse the solutions antibiotik. Antibiotics are provided in general

Prognosis

Solitary abscess has good prognosis. **Multilocular** ones can be cured.

Links

Related Articles

- Cysts
- Abscess

Bibliography

- ZEMAN, Miroslav, et al. *Speciální chirurgie.* 2. edition. Praha : Galén, 2006. ISBN 80-7262-260-9.

Sources

- BENEŠ, Jiří. *Studijní materiály* [online]. [cit. 5.5.2010]. <http://jirben.wz.cz>.