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New Options in the Management of Cystic Echinococcosis – A Single Centre Experience Using Minimally Invasive Techniques

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Abstract

Objective: The aim of this study is to verify if the experience on 4 years in using minimally invasive techniques in the treatment of CE could match regarding the indications and results with the major studies on topic.

Method: During 03.2014 – 03. 2018 period, 38 PAIR, 28 MoCaT procedures and 7 percutaneous drainages have been performed at 51 patients from 76 cases of hydatid hepatic cysts (67,1%). There were 26 men and 25 women, and the age ranged from 19 to 78. 7 patients have had 2 hydatid hepatic cysts or more and 2 procedures were performed at 3 of those patients; other 11 patients needed the second procedure during the surveillance.

Results: The evolution of the patients was favorable, and the surveillance was 2 years post-intervention at least. There were no major surgical adverse effects. We defined as an expected result obtaining a scar lesion or a small cavity with calcified walls (hyperechoic). Only 2 (3,9%) patients needed conversion to open surgery. The complications we have faced were represented by the cystic-biliary fistula in 15 cases (29,4%) and the re-opening of the cyst's cavity in 11 cases (21,67%).

Conclusions: The percutaneous treatment of CE is safe and effective, following the correct assignation according with the cysts' type. The percutaneous treatment of CE is an easier alternative to the open surgery and has lower rate of complications and relapses, and a shorter hospitalisation. Now routine, it becomes slighty the first option for invasive treatment of CE. The role of open surgery is restricted to CE with severe complications.

Key words: hydatic cyst, minimally invasive techniques, PAIR, Mo-CAT, percutaneous drainage, residual cavity