

## A Giant Simple Hepatic Cyst with Chronic Constipation

Yuh-Jeng Yang<sup>1</sup> and Aming Chor-Ming Lin<sup>1,2\*</sup>

<sup>1</sup>Emergency Department, Shin Kong Wu Ho-Su Memorial Hospital, Taipei, Taiwan

<sup>2</sup>School of Medicine, Fu-Jen Catholic University, New Taipei city, Taiwan

Received: 24 July 2019

Accepted: 02 Aug 2019

Published: 06 Aug 2019

### \*Corresponding to:

Aming Chor-Ming Lin,  
Emergency Department,  
Shin Kong Wu Ho-Su  
Memorial Hospital, 95  
Wen Chang Rd, Taipei 111  
Taiwan, Tel: 886-02-  
28332211 Ext 2082; Fax:  
886-02-28353547, E-mail:  
amingphd@yahoo.com.tw

### 1. Clinical Image and Case Presentation

Hepatic cysts are abnormal fluid-filled spaces in the hepatic parenchyma and biliary tract. The cysts usually are asymptomatic and as a casual finding during the general health check-up and screening imaging examinations. Simple hepatic cysts are known to be congenital in origin, the most common benign tumors of the liver and have a frequency of about 2.5 to 18 % of the population[1,2]. Inactive hepatic cysts are usually requiring no specific treatment except in case of complications, such as intra-cystic hemorrhage, infection, rupture, obstructive jaundice and compression of surrounding organs[3]. Symptoms may be related to stretch of the liver capsule causing pain or mass effect on surrounding structures. Fenestration is the definitive treatment for symptomatic or complicated liver cysts[4]. We report herein a case of giant simple hepatic cyst with chronic constipation treated as laparoscopic liver cyst fenestration intervention.

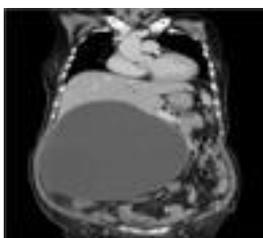
An 82-year-old woman was presented to the emergency department with abdominal pain and poor appetite for 4 days. She had diabetes mellitus, hypertension, chronic constipation and dementia in her medical history. On arrival, the patient's vital signs included blood pressure of 168/84 mmHg, heart rate of 99 beats/min, respiratory rate of 24 beats/min, and oxygen saturation of 95% on room air. She was afebrile. Physical examination showed right quadrant abdomen palpable mass and tenderness. The rest of physical examination were unremarkable. The complete blood cell count showed the following results: leukocyte count 12700/mm<sup>3</sup> with 87% of segmented neutrophils, hemoglobin 13.5 gram/deciliter, platelet 199000/microliter, and with an international normalized ration (INR) of 0.97. Other laboratory findings included: glucose 167 milligram/deciliter, blood urea nitrogen (BUN) 35 milligram/deciliter, serum creatinine 2.0milligram/deciliter, sodium 135 mill equivalent/liter, potassium 3.3 mill equivalent/ liter, serum glutamic oxaloacetic transaminase (SGOT) 15 unit/liter, total bilirubin 0.5 milligram/deciliter, and lipase 25 unit/liter. Abdominal X-ray revealed a round soft tissue mass lesion in the right quarter of the abdomen (**Figure 1**). Abdominal computed tomography (CT) revealed a well-defined cystic lesion measuring 20x17x14 cm in the right lobe liver, which compressed the adjacent structures (**Figure 2** and **3**). The patient recovered with surgical management of cyst fenestration and intravenous antibiotics. She had an uneventful postoperative recovery and was discharged 10 days later. CT scan performed 6 months after the event showed that the hepatic cyst decreased in size. She had a satisfactory bowel frequency after operation.



**Figure 1:**Abdominal X-ray revealed a round soft tissue mass lesion in the right quarter of the abdomen.



**Figure 2:** Axial view of patient's abdomen computed tomography.



**Figure 3:**Coronal view of patient's abdomen computed tomography.

## References

1. Charlesworth P, Ade-Ajayi N, Davenport Mc. *J Pediatr Surg* 2007; 42: pp. 494-9.
2. Carrim ZI, Murchison JT. The prevalence of simple renal and hepatic cysts detected by spiral computed tomography. *Clin Radiol.* 2003;58:626-629.
3. Cheng Zhang, Tue-Feng Ma, Yu-Long. Jaundice caused by protrusion of a hepatic cyst into common bile duct that was resolved by choledochoscopic needle-knife electrotony: a case report. *BMC Gastroenterology* 2018; 18: 90.
4. Mavilia MG, Pakala T, Molina M, Wu GY. Differentiating Cystic Liver Lesions: A Review of Imaging Modalities, Dignosis and Management. *J Clin Transl Hepatol.* 2018;6(2):208.