



A service of the National Library of Medicine
and the National Institutes of Health

My NCBI 
[\[Sign In\]](#) [\[Register\]](#)

All Databases

PubMed

Nucleotide

Protein

Genome

Structure

OMIM

PMC

Journals

Books

Search

PubMed

for

Go

Clear

Limits

Preview/Index

History

Clipboard

Details

About Entrez

Display

Citation

Show

20

Sort by

Send to

Text Version

All: 1

Review: 0

Entrez PubMed

Overview

Help | FAQ

Tutorials

New/Noteworthy 

E-Utilities

PubMed Services

Journals Database

MeSH Database

Single Citation Matcher

Batch Citation Matcher

Clinical Queries

Special Queries

LinkOut

My NCBI

Related Resources

Order Documents

NLM Mobile

NLM Catalog

NLM Gateway

TOXNET

Consumer Health

Clinical Alerts

ClinicalTrials.gov

PubMed Central

 PubMed can now automatically show related articles. [Try it!](#)

1: [Am J Surg.](#) 1991 Jan;161(1):113-8; discussion 118-9.

[Related Articles, Links](#)

Surgical management of nonparasitic cystic liver disease.

[Sanchez H](#), [Gagner M](#), [Rossi RL](#), [Jenkins RL](#), [Lewis WD](#), [Munson JL](#), [Braasch JW](#).

Department of General Surgery, Lahey Clinic Medical Center, Burlington, Massachusetts 01805.

We report clinical features, surgical management, recurrences, and follow-up study of 12 patients with simple hepatic cyst, 11 patients with polycystic liver disease, and 19 patients with cystadenoma who were surgically treated over a 25-year period. The median age of patients was 48 years, and 37 women and 5 men were in the series. The most common presenting symptom and physical finding were chronic abdominal pain and tenderness in the right upper quadrant. The most commonly associated disease was polycystic kidney disease, which was an associated finding in 5 of the 11 patients with polycystic liver disease (45%). The most valuable diagnostic studies in all groups were computed tomography and ultrasonography. The location of the disease was bilobar in patients with polycystic liver disease, with a right lobe predominance in 18% of patients. The right lobe was also predominant in 83% of patients with simple hepatic cyst and 58% of patients with cystadenoma. Of all solitary cystic lesions in the left lobe, 75% of them were cystadenomas. Of the 66 surgical procedures performed, aspiration was associated with a failure rate of 100%; partial excision, a failure rate of 61%; and total excision and liver resection, a failure rate of 0%. Orthotopic liver transplantation was performed in three patients and was associated with two early deaths. Partial excision relieved symptoms in three patients (43%) with polycystic liver disease. Total excision, enucleation, or liver resection with cyst(s) is the treatment of choice for non-parasitic cystic lesions of the liver.

MeSH Terms:

- [Adult](#)
- [Aged](#)
- [Cysts/diagnosis](#)
- [Cysts/pathology](#)
- [Cysts/surgery*](#)
- [Female](#)
- [Humans](#)
- [Liver Diseases/diagnosis](#)
- [Liver Diseases/pathology](#)
- [Liver Diseases/surgery*](#)
- [Male](#)
- [Middle Aged](#)
- [Recurrence](#)

PMID: 1987844 [PubMed - indexed for MEDLINE]

Display Show Sort by Send to

[Write to the Help Desk](#)
[NCBI](#) | [NLM](#) | [NIH](#)
[Department of Health & Human Services](#)
[Privacy Statement](#) | [Freedom of Information Act](#) | [Disclaimer](#)

Jul 11 2006 06:31:05