

Hepatic Cystic Echinococcosis in children – always a challenge

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Background

Hepatic cystic echinococcosis is still a common parasitic disease caused by larval forms of *Echinococcus granulosus*.

Diagnosis relies on immunodiagnostic tests and liver imaging.

A consensus based on ultrasound images and stage-specific approach recommends one of the following options: percutaneous treatment, surgery, anti-infective drug treatment or watch and wait.

Objectives

To assess the role of ultrasound in diagnosis, staging and follow-up of hepatic cystic echinococcosis in children.

Methods

The observational study in a pediatric department over 10 years time frame included children with abdominal pain, hepatomegaly, decreased appetite and fatigue. Patients were examined clinically, biologically and by imagistic methods.

Results

17 patients 11 girls / 6 boys
Age 2-17 years (average: 9 years)
No. cysts 37 (average: 2/patient)

Size	< 5 cm	small	29
	5-10 cm	medium	5
	> 10 cm	large	3

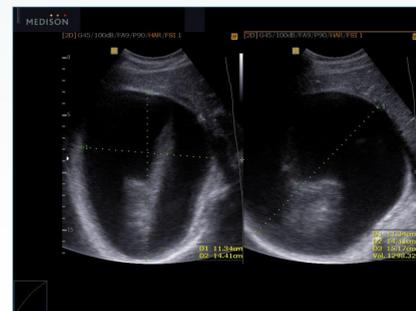
Location	right liver lobe	28
	left liver lobe	9

Serum-specific IgE: positive in 37% of patients

Type of cysts	
CL	5
CE1	8
CE2	14
CE3	7
CE4	2
CE5	1



Type CL: Cystic lesion



Type CE1: Hidatid sand



Type CE2: Daughter cyst

Results



Type CE3: Floating membrane, daughter cysts, complex mass

Type CE4: Ball of wool

Treatment

Surgery + Albendazole	9 patients
Albendazole alone	6 patients
Watch and wait	2 patients

Conclusion

Ultrasound is the cornerstone in pediatric cystic echinococcosis diagnosis, staging and follow-up of children with hepatic cysts. This parasitic disease was not very rare in a 10 years pediatric survey, the treatment being chosen between surgery and albendazole, albendazole alone or watch and wait.

References

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