27th ECCMID
Vienna, Austria
22 – 25 April 2017
The congress of ESCMID

Session: P035 Echinococcosis

Category: 7a. Diagnostic parasitology

23 April 2017, 12:30 - 13:30
P0776

Liver hidatid disease in children - a 10 year review

Daniela Iacob*[1]

[1]*University of Medicine and Pharmacy*

Background: Hydatid disease is still an important health problem in the world. *Echinococcus granulosus* (*E.granulosus*) and *Echinococcus multilocularis* (*E.multilocularis*) infections are the most common parasitic diseases that affect the liver. The disease evolution is typically slow and the patients might remain asymptomatic for years. The main presenting symptoms are the right upper quadrant abdominal pain, hepatomegaly, hepatitis, cholangitis. The WHO classification, based on ultrasound data, is used for staging the liver disease and for choosing the treatment option. The diagnosis is completed by immunological investigations. Treatment of liver hydatid cyst ranges from surgical intervention (conventional or laparoscopic approach) to percutaneous drainage and antihelminthic therapy. There are still few reports on hydatid liver disease in children with limited numbers of patients. The aim of this study was to present our 10-years experience with 27 pediatric patients with hydatid liver disease.

Material/methods: This retrospective study evaluated 27 patients with liver hydatid disease. Medical records of the patients were analysed for age, gender, symptoms, diagnostic investigation, disease location, cyst number and size, treatment choices, surgical methods, complications and outcome.

Results: The study group consisted in 27 patients (15 girls), with the median age of 8 years (limits 2-17 years) who presented 42 hepatic cysts. From all the cysts 68.2% were small, 23.5% were medium and 8.3% were large. Most cysts were located on the right hepatic lobe (82.3%) and only 17.7% in the left hepatic lobe. Four cysts presented infection as complication. The Gharbi classification identified the following cysts types: CL 13.7%, CE1 24.6%, CE2 38.2%, CE3 18%, CE4 3.2% and CE5 2.3%. Abdominal ultrasound offered the correct diagnosis in 95% of patients. In 100% of our patients the type of parasite was *Echinoccocus granulosus*. The treatment was chosen based on cyst number and location, proximity to vascular structures, cyst complication. From the study group, 7 patients with small liver cysts were treated only with albendazole, 15 patients with large cysts were treated with surgery combined with albendazole, and 5 patients were treated with percutaneous drainage and albendazole. Albendazole was given (10 mg/kg twice a day) 3 weeks prior to surgery and continued for 3 months after the surgery. The morbidity rate was 11% consisting in prolonged external catheter drainage. We did not recorded recurrences.

Conclusions: Ultrasound is high accurate in liver hydatid disease in children, in the diagnosis, staging and follow-up of children with hepatic cysts. Surgery with pre and post-operative therapy with albendazole is the best treatment option for liver hydatid cysts due to low recurrence and complication rates.