MEDDOCS Open Access Publisher

ISSN: 2639-9237

Journal of Case Reports and Medical Images

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Enormous hepatic cysts in polycystic kidney disease

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Received: Jun 14, 2019

Accepted: Jul 22, 2019

Published Online: Jul 24, 2019

Journal: Journal of Case Reports and Medical Images

Publisher: MedDocs Publishers LLC

Online edition: http://meddocsonline.org/

Clinical Image

Description

A sixty-eight years old female with a past medical history of Autosomal Polycystic Kidney Disease (ADPKD), renal transplant, and adenocarcinoma of the colon with prior resection and chemotherapy presented to the emergency department with acute abdominal pain. On physical exam, she was afebrile, had distended abdomen, hepatosplenomegaly, mild mid-abdomen tenderness, and hypoactive bowel sounds. Laboratory studies showed stable stage III-b chronic kidney disease, chronic normocytic anemia, normal coagulation profile, without transaminitis, and hyperbilirubinemia. Ultrasound revealed multiple hepatic cysts. Subsequent abdominal MRI revealed parenchymal replacement of the liver by innumerable cysts. Fluids sent from percutaneous aspiration of a predominant cyst failed to show evidence of infection or malignancy. She was not a suitable liver transplant candidate and cyst aspirations would be unlikely to provide substantial relief of symptoms. She was managed conservatively with small meals, narcotics, and antiemetics.

Polycystic Liver Disease (PLD) commonly found in ADPKD patients, mainly in females [1]. PLD remain asymptomatic and found incidentally. However, hepatic cysts are susceptible to various complications such as infections, hemorrhage, torsion, rupture, and malignant transformation [2]. The diagnostic workup for a suspected complication of hepatic cysts includes laboratory studies which may show normal liver function test and radiological diagnostics using ultrasound, CT scan, and MRI of the liver. Interventions include percutaneous aspiration with sclerotherapy, liver resection with transplantation, and adequate supportive measures and symptom control [3].

Cite this article: Al-Shbool G, Connelly M. Enormous hepatic cysts in polycystic kidney disease. J Case Rep Clin Images. 2019; 2(2): 1019.

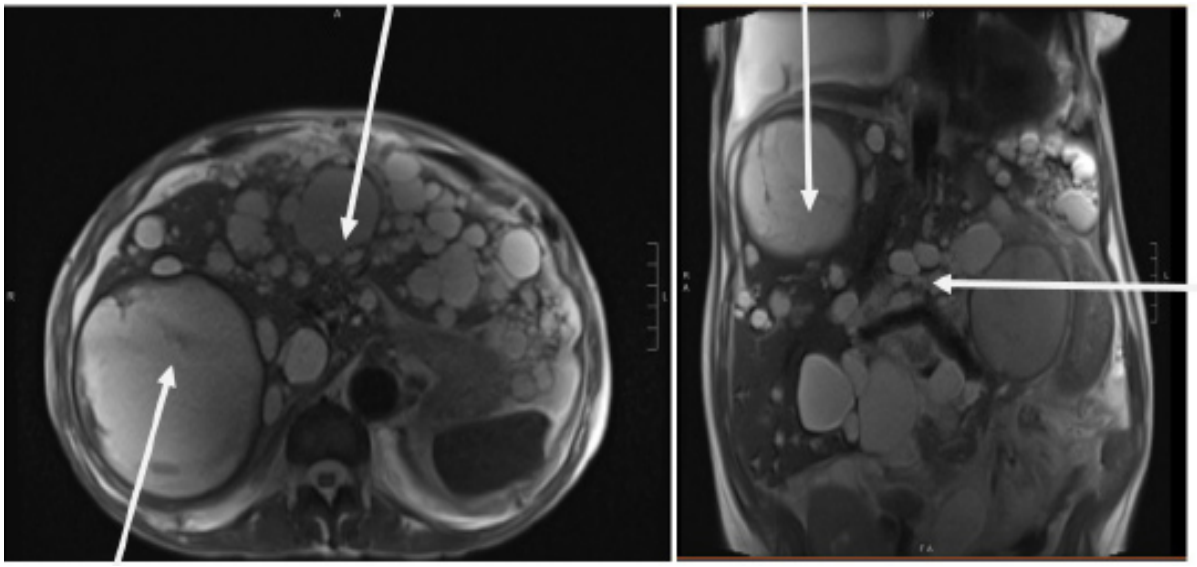

Figure 1: Near complete parenchymal replacement of the liver by innumerable cysts (Arrows)

References

1. Abu-Wasel B, Walsh C, Keough V, Molinari M. Pathophysiology, epidemiology, classification and treatment options for polycystic liver diseases. World J Gastroenterol. 2013; 19: 5775-5786.
2. Lantinga MA, Gevers TJ, Drenth JP. Evaluation of hepatic cystic lesions. World J Gastroenterol. 2013 ;19: 3543-3554.
3. Grünfeld J, Albouze G, Jungers P, Landais P, Dana A, Droz D, et al. Liver changes and complications in adult polycystic kidney disease. Adv Nephrol Necker Hosp. 1985; 14: 1-20.