

# KARACİĞERDE MULTİPLE KİST HİDATİK, HEPATO-DİAFRAGMATİK İNTERNAL HERNİASYON VE BÜYÜK KİST HİDATİKTEN DOLAYI ETRANGÜLASYON (CHİLİADİTİ SENDROMU)\*

MULTIPLE HYDATIDOSIS OF LIVER AND HEPATO-DIAPHRAGMATIC INTERNAL HERNIATION AND ITS ETRANGLATION DUE TO A BIG CYST HYDATID IN ABDOMEN (CHILIAIDITI SYNDROME ?)

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## Özet

Kist hidatik ülkemizde önemli sağlık problemlerinden biridir. Tipik veya atipik yerleşim gösterir. Çeşitli komplikasyonlara yol açar. Bu makalede 56 yaşında Multiple kist hidatiğe sahip erkek bir hasta sunuldu. Bu kist hidatik etrangüstasyon yapmıştı. Böyle bir vaka literatürde yoktu.

**Anahtar kelimeler:** *Kist Hidatik, İnternal Herniasyon, Chiliaiditi Sendromu.*

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## Introduction

Hydatid disease still maintains its position as an important health problem in our country. In addition to its high incidence and prevalence, typical and atypical presentations of the cases and the variety and the great number of complications are concrete evidences of the disease (1, 2). We present a case of internal herniation with its etrangulation due to multiple cyst hydatid in the liver and a big cyst in abdomen, not to be found in literature.

## Case Report

A 56 year-old man was admitted to the hospital with swelling in the abdomen, pain, nausea and vomiting and undefecated gas and stool for 3 days. On physical examination, the patient showed distention in abdomen, asymetry and hepatomegaly. X-ray of the abdomen showed colonic haustrations in hepato-diaphragmatic area and gas-fluid levels of the small bowel with an elevation of right diaphragm (Fig.1, 2).

The findings of the patient who was operated on urgently were; an internal herniation which was starting from just near the falciform ligament, including the some partsof the transvers colon and its mesentery, the omentum majus and the segment of the small bowel which was 200 cm. length had been formed and covered the all of hepato diaphragmatic area. An etrangulation of the hernia with a big cyst hydatid covering all of the abdomen starting from right lobe of the liver were present. Additionally, two cysts with dimensions of 10x15x20 cm.were on the right and a cyst with dimension of 10x12x15 cm. was on left lobe of the liver. All hernial contents have reducted and hernia sac was removed and its compartment was repaired. Then, surgical intervention was done to the cyst which spreaded transabdominally and intrapelvicly. The cyst had a 3 cm-pedicle which originated from the liver. Approximately 5000 ml. cystic material, partially

## Summary

Hydatid disease is an important health problem in our country. Typical or atypical settlement and its complications are concrete evidences. We present a 56 year- old man has an internal herniation due to multiple cyst hydatid in the abdomen and its etrangulation, not to be found in literature.

**Key words :** *Hydatid disease, Internal herniation, Chiliaiditi Syndrome.*

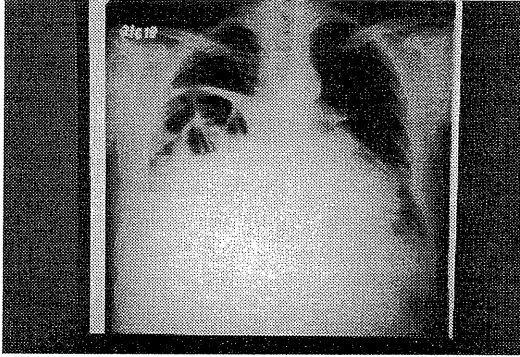
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infected and dead vesicles were aspirated and hypertonic saline solution was used to kill the rest of vesicles. Unroofing method was done for hepatic cyst localized in the left lobe and external decompression method was done for two cysts in the right lobe. Furthermore, intraabdominal drainage was performed for intraabdominal debris and operation was completed. The patient was prescribed mebendazole, 50 mg/kg/day for 6 months and followed for 4 years without any complications and recurrence.

## Discussion

One of the major complications of the cyst hydatid is compression to the nearby organs and its consequences (1-3). The biliary tract is affected by the complication in particular and it is manifested with the symptoms and signs of obstruction. In our patient, symptoms, signs and physical findings were due to the multilocular localization in the liver and intrapelvic localization. Thus, intraabdominal organs and viscera were displaced. The weighted hepatic mass which had caused a dislocation of the liver from diaphragm and a hepatodiaphragmatic space had been potentially present but not actually occured in this area. By the increased intraabdominal pressure, an internal herniation with a real hernial sac has been produced. These colonic haustrations and small bowel segments were observed over the liver by X-rays. This appearance remembered the syndrome called Chilaiditi. Chilaiditi declared that this syndrome was colonic interposition between the diaphragm and liver which was extremely rare (4). As it is mentioned above, there is an intestinal interposition in Chilaiditi Syndrome but our case showed this interposition in a hernial sac. Pericystic layer of the cyst located in the abdomen could not removed because of its adhering with intestine and peritoneum. Therefore, only simple drainage has been done. To prevent the secondary

**Figure 1.** The Chest X-ray Shows Gas-fluid Levels Belonging to Small Bowel and Colonic Haustrations in the Hepatodiaphragmatic Area.



**Figure 2.** A Lateral X ray Suggest an Elavation of the Right Diaphragm Due to Presence of Hepatodiaphragmatic Internal Hernia.



hydatidosis (5), mebendazole 50 mg/kg/day was given to the patient for 6 months period. There was not any recurrence up to 4 year-follow up. We did not find any intraabdominal cyst as large as our case with internal herniation in literature. This unusual complication (internal herniation) was so interesting for us. So we wished to present this article.

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