سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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سامية محمد مصطفى

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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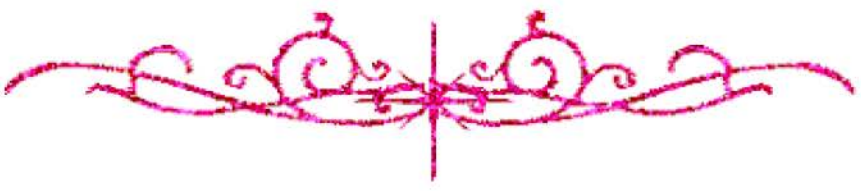

سامية محمد مصطفى

شبكة المعلومات الجامعية

بالرسالة صفحات لم ترد بالأصل

BILIARY AND LIVER CYSTS

ESSAY
Submitted in partial fulfillment
of the Master Degree in
General surgery

By
Wael Morsy Abd El-Rahman
M.B., B.Ch.
Faculty of Medicine
Ain Shams University

Under supervision of
Prof. Dr. Mohamed Helmy El-Ghor
Ass. Prof. of General Surgery
Faculty of Medicine
Ain Shams University

Dr. Ashraf Omar
Lecturer of General Surgery
Faculty of Medicine
Ain Shams University

Faculty of Medicine
Ain Shams University
1994

TO

MY

FAMILY

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CONTENTS

I. INTRODUCTION 1

II. CHOLEDOCHAL CYST 4

III. NON PARASITIC CYSTIC DISEASES OF THE LIVER: 20

(A) Simple Cyst Of The Liver 21

(B) Cystadenoma Of The Liver.....27

(C) Liver Cysts With Polycystic Kidney Disease.....33

(D) Congenital Hepatic Fibrosis And Caroli's Syndrome.....39

IV. PARASITIC CYSTIC DISEASES OF THE LIVER

(A) Hydatid Disease.....48

(B) Amoebiasis.....63

V. LIVER ABSCESS AND SUBPHRENIC ABSCESS.....74

VI. REFERENCES.....89

VII. ARABIC SUMMARY

INTRODUCTION

INTRODUCTION

A cyst is a swelling consisting of a collection of fluid in a sac which is lined by epithelium or endothelium.

The widespread availability of ultrasound imaging has led to more frequent recognition of cystic disease affecting the liver and biliary tract.

There is a wide range of causes; cystic disease of infective origin is usually caused by an Echinococcal species, or as the sequel of a treated amoebic or pyogenic liver abscess. The clinical and radiological features are often then distinctive (*Forbes et al., 1991*).

Other types of non-infective cysts include: Simple cyst, polycystic syndromes (usually with coexistent renal disease), Caroli's syndrome and Choledochal cysts.

Another type of cysts are those with hepatic fibrosis (specially with congenital hepatic fibrosis). These cysts attracted considerable attention, and it has been suggested that they may all be considered to belong to a hepatobiliary fibrocystic continuum.

In addition, there is a variety of cystic neoplams as hepatobiliary cystadenoma and biliary

cystadenocarcinoma and a miscellary of unusual forms. (*Forbes, et al., 1991*).

Large cystic lesions may be recognised clinically, but in most cases will be found at ultrasound examination undertaken because of symptoms or laboratory screening suggestive of hepatobiliary disease.

An accurate differential diagnosis will often be possible from ultrasonography alone according to defined echolucent findings; so if the cyst has thin wall and the signals from more distant structures are reduced, the most likely diagnosis is of simple cyst, and furthur investigation is usually unnecessary (*Clink scales, et al., 1985*).

It is suggested, however, that magnetic resonance (MR) imaging may be particularly helpful in doubtful cases (*Ratcliffe, et al., 1984*).

Distinction of abscess from cyst is relatively simple, if an abscess has a viscous echo, dense contents with a thick wall, and densely compressed surrounding hepatic parenchyma (*Clinkscales et al., 1985*).

Cystic lesions in continuity with the biliary tree or with vascular structures may be identified by ultrasound (the latter particularly so with Doppler probes), but it will usually be necessary to obtain

contrast studies (by ERCP or angiography) for complete diagnosis.

In this context, computed tomography and MR images of the hepatobiliary region do not appear at present to offer many advantages over high resolution sonographic examination (*Geneve et al., 1990*).

Liver biopsy tends to be avoided in the investigation of cystic disorders, especially if there is suspicion of Hydatid disease, and probably so when imaging suggests Choledochal cyst, but the recognition of underlying fibrosis is then less likely, and the clinician is denied potentially important prognostic information (*Forbes et al., 1991*).

CHOLEDOCHAL CYST