



## IMAGE OF THE MONTH

## Dyspnoea and dyspepsia due to a giant liver cyst

## Disnea y dispepsia en relación a un quiste hepático gigante

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A 32 year-old Peruvian woman presented with a 2 year history of dyspnea, dyspepsia and abdominal distension. Physical examination revealed diminished vesicular sounds and painless hepatomegaly. Liver function lab tests were normal. HBV, HCV and *Equinococcus* serologies were negative. Ultrasonography and computed tomography (Fig. 1) showed many well-delimited liver cysts, the largest of which measured 20 × 16 cm, without septa or membranes inside. Echocardiogram (Fig. 2) revealed compression of right atrium, inferior vena cava and suprahepatic veins. TC showed data of chronic congestive liver.

Polycystic liver disease (PCLD) was diagnosed. This disease is defined by the presence of multiple hepatic cysts that microscopically resemble simple hepatic cysts, but they are larger and more numerous.<sup>1</sup> PCLD is usually asymptomatic except for very large or multiple cysts. They can develop complications such as bleeding, infection, portal hypertension or from mass effect, as in our case.<sup>2</sup>

Study of genetic PRKCSH mutation was negative; however, only 1/3 of PCLD cases present this mutation.<sup>1</sup>

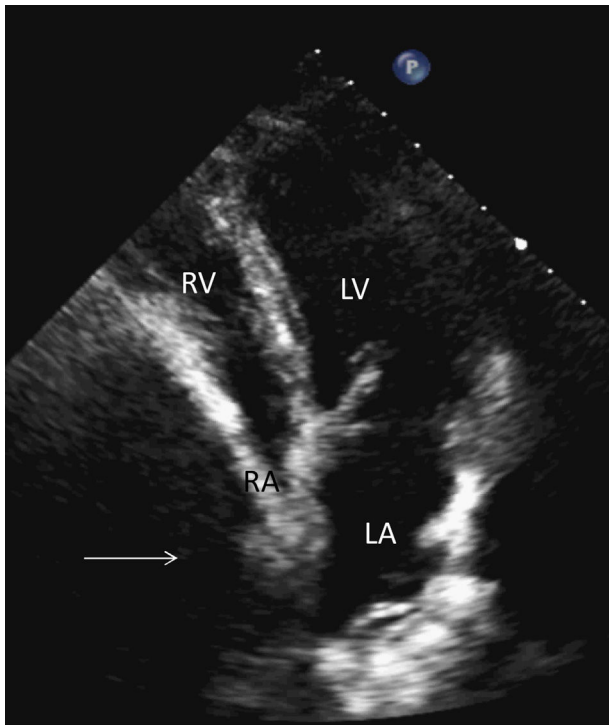
Four liters of bile secretion were evacuated and four sessions of polidocanol foam injection were performed for sclerosis. Currently, patient's symptoms have improved, the main cyst measures 9 cm, and treatment with lanreotide is being evaluated to reduce liver volume.<sup>3</sup>



**Figure 1** Computed tomography (TC) showed numerous hepatic cysts, the larger one of 20 × 16 cm in diameter, that determines loss of volume of right hemithorax with mediastinal displacement towards the left side.

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**Figure 2** Echocardiogram showed compression of right atrium, inferior vena cava and suprahepatic veins by large hepatic cyst (white arrow). LA: left atrium; LV: left ventricle; RA: right atrium; RV: right ventricle.

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## Conflict of interest

There is no conflict of interest.

## References

1. Cnossen WR, Drenth JP. Polycystic liver disease: an overview of pathogenesis, clinical manifestations and management. *Orphanet J Rare Dis.* 2014;9:69, <http://dx.doi.org/10.1186/1750-1172-9-69>.
2. Marrero JA, Ahn J, Rajender Reddy K, on behalf of the Practice Parameters Committee of the American College of Gastroenterology. ACG clinical guideline: the diagnosis and management of focal liver lesions. *Am J Gastroenterol.* 2014;109:1328–47, <http://dx.doi.org/10.1038/ajg.2014.213>.
3. van Keimpema L, Nevens F, Vanslebrouck R, van Oijen MG, Hoffmann AL, Dekker HM, et al. Lanreotide reduces the volume of polycystic liver: a randomized, double-blind, placebocontrolled trial. *Gastroenterology.* 2009;137:1661–8, e1–2.