

Images in Nephrology
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A strange epigastric pain

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A 53-year-old woman with autosomal dominant polycystic kidney disease (ADPKD) and Stage 2 chronic kidney disease was hospitalized for early satiety, nausea, vomiting and epigastric pain.

An abdominal computed tomography scan confirmed the presence of multiple bilateral renal cysts, and a markedly enlarged liver due to the presence of multiple enormous cysts (the biggest one 20 × 16 cm) occupying most of the abdomen and compressing the stomach and other surrounding structures. The patient underwent laparoscopic cyst fenestration. The large cyst was punctured and aspirated with laparoscopic aspiration

needle and subsequently deroofted by using ultrasonic dissection.

The procedure induced liver volume reduction with subsequent symptom relief.

Liver involvement is the most frequent extra-renal manifestation in ADPKD [1–3]. Symptoms in patients with polycystic liver are mostly absent, but they may develop because of increasing cyst size [4].

Several therapeutic options are presently available for the management of symptomatic hepatic cysts, which include aspiration–sclerotherapy, cyst fenestration, partial liver resection and liver transplantation [5].

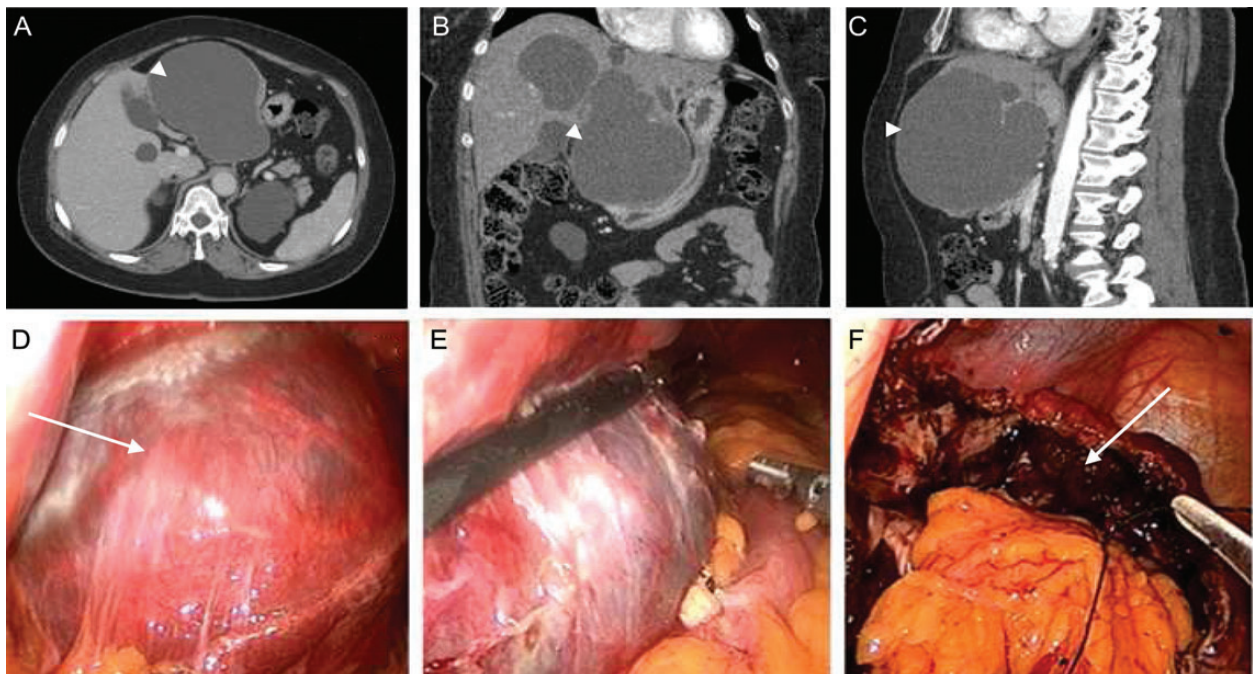


Fig. 1. (A, B, C) CT scan of large cyst (arrowheads) arising from II to III hepatic segment (axial, coronal and sagittal sections). (D, E, F) Intra-operative laparoscopic images of cyst fenestration and omentoplasty. (D) Hepatic cysts (arrow). (E) Detail of compression of the cyst on stomach. (F) Residual cystic cavity (post-aspiration of its contents and resection of the exophytic wall) (arrow) and omentoplasty.

Laparoscopic fenestration has become the standard of care for symptomatic hepatic cysts (Figure 1).

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