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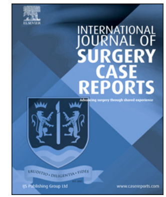

Letter to the Editor

Comment on: Primary hydatid cyst of the adrenal gland: A case report and a review of the literature

To the Editor;

We read the recent article titled "Primary Hydatid Cyst of the adrenal gland: A case report and a review of the literature" published by Zouari and colleagues with great interest [1]. The authors have presented a case of left adrenal hydatid cyst (AHC) disease in a 55 years old patient together with a review of literature. We would like to commend the authors for the detailed literature review. However, we would like to emphasize a few points regarding the study.

The first point we would like to emphasize is about the reference list of the study. The authors have made a literature search on the PubMed and they state that they have found 39 studies regarding the adrenal AHC disease. They have summarized the studies in Table-1. However, the authors should have included these 39 studies in the reference list or should have submitted the list as a separate supplemental file such as an "appendix". This would have enabled these studies to obtain a citation. For instance, two studies from our institution (belongs to the leading author of the commentary) have been used in the literature review of the authors but it was not present in the reference list of the authors. This neglects the efforts of the authors that have performed the cited research and also is an ethical problem. Therefore, we would like to send you an appendix that includes all the 39 studies that have been used by the authors for their literature review summarized in Table-1. This reference list that we have prepared should be added to the study of Zouari and colleagues; which would be very appropriate under these circumstances.

The second point that we would like to emphasize involves the content of the article. The analysis of Table-1 of the authors showed that at least two of the studies used in the literature review are misinterpreted. The authors have stated that Limaiem and colleagues [2] have reported 55 years old female patient that was operated for a 12 cm sized left AHC. However, if the text of the mentioned article is examined in detail it will be seen that the lesion is "epithelial adrenal cyst". Similarly, the authors state that Darwish and colleagues [3] have reported 30 years old pregnant female patient treated for 12 cm sized right AHC. However, the text of mentioned article states that the lesion was actually "endothelial adrenal cyst".

The third point that we would like to emphasize is about the errors regarding the ages and gender of the patients given in Table-1. The study by Akbulut and colleague [4] reported a patient who was 16 years old but was stated as 64 years old in the Table-1. On the contrary, the study by Seidel and colleagues [5] states that the patient was 64 years old but was reported as 16 years old in Table-1. The gender of the patient reported in the study by Fitzgerald and colleague [6] states that the patient was female but it was reported as male in the Table-1. In Table-1, the authors state that two studies did not give the gender of the patients; however the original studies have stated that the patients were female [7,8]. We believe that these errors should be corrected.

The fourth point that we would like to emphasize is about the choice of treatment modality. In the study by Zouari and colleagues and also other researchers, there is no clear message to give the readers regarding the treatment of AHC disease. In our experience, the treatment of AHC is determined by factors such as the presence of other organs of interest that is affected by the hydatid disease, the size of the AHCs, the involvement of the adjacent organs, radiologic stage, and the complications of the AHC disease (such as rupture, fistulization, hypertension, pheochromocytoma and related symptoms) [4,9].

In cases with an indication for surgical management, radical (pericystectomy, en-bloc adrenalectomy with cystectomy) or conservative (partial cystectomy) surgical options can be performed according to the experience of the center [4,9]. However, the choice of best surgical option is still controversial. Some authors suggest that any large sized AHC causes a destruction in the adrenal gland parenchyma and therefore, recommend that en-bloc resection of the gland together with the cyst should be performed [4,9]. The authors that favor radical approach favor en-bloc resection of the adrenal gland together with the cyst because there is often a lack of clear cut borders of the cyst from the adrenal glands. On the other hand, some authors emphasize the importance of steroid hormones and favor adrenal gland sparing partial cystectomy. If the adhesions between the AHC and the surrounding tissue is too dense to allow any conservative surgery or if the disease recurred following a conservative surgical approach; than a radical operation can be performed provided that the contralateral gland is fully functional [4,9].

The last point that we would like to emphasize is the suitability of puncture-aspiration-injection-reaspiration (PAIR) for AHCs. Although PAIR is present in the studies in the time interval of the literature search of Zouari and colleagues [1], they have not referred to two important studies on this subject [10,11]. Various authors state that advantages of PAIR in adrenal hydatid cysts is the limited contamination risk and adrenal sparing capacity of the procedure. However, there are opponents of the procedure; as well. We believe this opposition is due to the risk of spillage and anaphylactic reaction during the puncture of the cyst wall. PAIR has been safely performed in solid organs such as the liver, kidney and spleen because the catheter is inserted to the cyst cavity through a tract form in the solid organ parenchyma which reduces the risk of spillage. Another minor concern can be the risk of the cystic lesion being a pheochromocytoma. In our opinion, after a comprehensive differential diagnosis, in early stage adrenal hydatid cysts, PAIR can be safely performed by experienced interventional radiologists after a period of neoadjuvant albendazole therapy. In addition, Akhan and colleagues [7] who are very experienced in PAIR state

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that this procedure can safely performed in adrenal hydatid cysts if the physicians strictly adhere to the basic principles.

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Consent

This work was written in the form of ”letters to the editor”. Therefore, no patient was presented.

Author contribution

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Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at https://doi.org/10.1016/j.ijscr.2020.12.047.

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