MANAGEMENT AND PREVENTION OF HYDATID CYST

SANGEETHA.U

9th SEM
- Liver
- Lung
- Spleen
- Kidney
- Bone
- Muscle
HYDATID CYST
OF SPLEEN
Choice of treatment: SURGICAL

PARTIAL OR TOTAL SPLENECTOMY
PRE OPERATIVE PREPARATION OF THE PATIENT

- Pre anaesthetic check up
- Nil by mouth
- Anxiolytics
- 3% NS and Betadine
- 2 Units Blood
**TOTAL SPLENECTOMY**

- **POSITION**: Supine
- **ANASTHESIA**: General Anesthesia with Naso gastric tube in place
- **Parts cleaned and draped** (Nipples to mid-thigh)
- **INCISION**: Supra umbilical incision given and extended infra-umbilically.
- Abdomen opened in midline at linea-alba.
- Peritoneum is opened.
INTRA-OPERATIVE FINDINGS

- Splenomegaly present.
- Liver – Normal.
PROCEDURE

• Avascular ligaments released with monopolar cautery
  ✓ Splenocolic ligament
  ✓ Splenophrenic ligament
  ✓ Lienorenal ligament
• Short gastric vessels are divided between clamps and ligated.
Spleen mobilised and brought into the wound
- Hilum is identified.
- Lesser sac opened.
- Splenic artery is identified at the tail of Pancreas, ligated with silk and cut.
- Splenic vein is identified, ligated and cut.
- Specimen delivered out (splenectomy done)
Normal saline peritoneal wash given.
• Splenic fossa mopped, no accessory spleens, no active bleeding or ooze present, hemostasis secured.
Abdominal drain no. 32 kept in the splenic fossa (left hypochondrium)
- Instrument and mop count checked, abdomen closed in single layer with no.1 Prolene.
- Skin sutured with 2-0 Prolene
POST OPERATIVE PERIOD

The following vaccine is given

- Polyvalent Pneumococcal
Patient was stable throughout the procedure.
Immediate post operative period uneventful.
HYDATID CYST OF LIVER
MEDICAL THERAPY

INDICATIONS:
• In small cysts (CL, CE 1 & CE3 lesions)
• Disseminated hydatid cyst
• Cyst inaccessible for surgery
• For pre operative preparation of the patient to prevent peritoneal dissemination and reduce risk of recurrence if spillage occurs during surgery
• In a patient who is unfit for surgery

DRUGS
• Albendazole -400mg BD for 4 weeks
• Mebendazole
• Praziquantel
SURGICAL TREATMENT

- P.A.I.R.
- PERICYSTECTOMY with OMENTOPLASTY
- HEPATIC RESECTION
- CAPITONNAGE
PUNCTURE ASPIRATION INJECTION AND REASPIRATION (PAIR)

INDICATIONS:
• IN CE1, CE2 and CE3 lesions
• Infected cysts
• Failure of chemotherapy
• In pregnancy
PARTIAL PERICYSTECTOMY WITH OMENTOPLASTY
HYDATID CYST OF LUNG

- pericystectomy
- Lobectomy
HYDATID CYST OF BRAIN
HYDATID CYST OF KIDNEY
HYDATID CYST OF BONE

CURETTAGE AND WIDE EXCISION WITH BONE GRAFT
PREVENTION

• Deworming of dogs
• Improving slaughter house hygiene
• Public education campaigns
• Vaccination of sheep
THANK YOU