



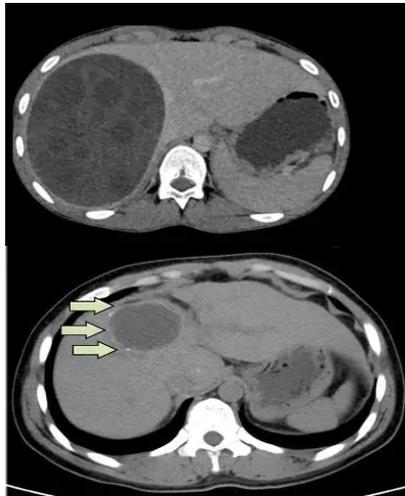
Recurrent hepatic echinococcosis in children

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Background:

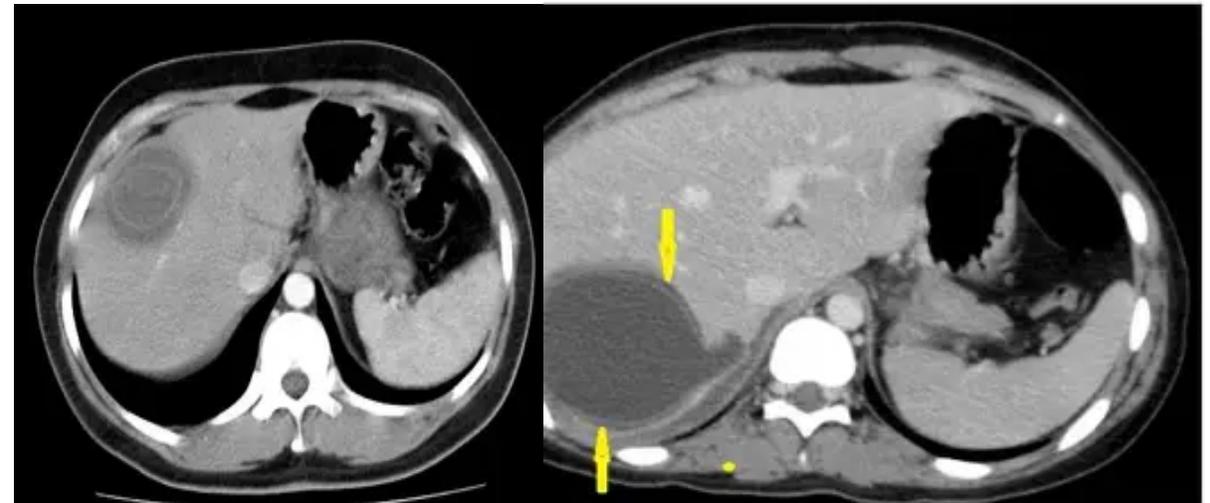
Surgical management is the basic treatment for hydatid disease. Over-all, the recurrence rate appears to be high (4.6%–22.0%).

The purpose of this study was to report our results in the management of recurrent hydatid disease, evaluating the methods for identifying recurrence, prognostic factors and therapeutic options.



Methods

We retrospectively reviewed the medical records of patients who underwent surgery for cystic hydatidosis between 1990 and 2024. The type of cysts, localization, multiplicity and preoperative complications were analyzed, as well as the surgical intervention for hydatidosis, the solicidal agents used for treatment of the residual cavity and postoperative chemotherapy.



Results

Of the 584 children who underwent surgery during our study period, follow-up was complete for 484 (82.8%). Cysts recurred in 51 patients (8.7%). Abdominal ultrasonography, computed tomography and MRI appeared to be efficient for diagnosing recurrence. The 2 most important determinants for recurrence were minute spillage of the hydatid cyst and inadequate treatment owing to missing cysts or incomplete precystectomy. All recurrences required surgery. There were 14 postoperative complications for a rate of 27.0%. Two factors predict the CE recurrence: incomplete removal of the daughter cyst particularly in long-standing cysts and spillage of the cyst's contents. This meta-objective analysis is to assess the likelihood of cystic echinococcosis recurrence following remission of the liver infection at the primary site as well as the recurrence risk

Conclusions

Avoidance of minute spillage of cyst contents and cautious removal of the parasite with as much of the pericyst as possible are fundamental objectives of primary hydatid surgery. Conservative surgery (removal of the cyst contents plus partial precystectomy with drainage when necessary) plus chemotherapy and local sterilization is suggested for both primary and secondary operations and appears to achieve satisfactory long-term results. Our research indicates that the recurrence rate for cystic echinococcosis stands at 8%. This rate varies based on the geographical location of the study. We observed that non-radical interventions tend to have a lower recurrence rate compared to radical removal. Radical surgery (resection, cystopericystectomy) is preferred only in select patients.