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The symposium on management of liver hydatid cyst – Current prospective: An addendum

I congratulate the editorial board for improving the quality of MJAfi with time. But sudden publications of so many surgical symposia without any open call, lack selection on quality.

Other strains and choosing therapy

The symposium is written well on *Echinococcus granulosus*, called the Cystic Echinococcosis (CE).¹ Besides CE, humans are exposed less frequently to *E. multilocularis*, *E. vogeli* and *E. oligarthrus*, which rare species and cause polycystic echinococcosis.² Ultra Sound (US) classification of CE is without any reference and the previous reference is without the author. US classification gives the consensus image based activity to help in choosing the treatment options.³ However, the treatment is chosen, based on cyst number, location (surface/deep), proximity to vessels, complication and additional organ involvement in agreement with the results in the WHO Informal Working Group on Echinococcosis 2010 report.⁴

Medical therapy

Albendazole therapy for CE is not effective in majority and should not be advised in surgical candidates.⁵ The overall efficacy of benzimidazoles has been overstated in the past. 25% of cysts reverted to active status within 1.5–2 y after having initially responded and 60% relapses after the second and third treatment within 2 y and 2 y after treatment initiation 40% of cysts are still active or become active again.⁶ Combination therapy with albendazole (400 mg/twice a day) and praziquantel (40 mg daily) twice a week for 4 weeks is effective in the treatment of hydatid cyst and can be used as an alternative to surgery in disseminated and non-operable cases.⁷

Scolicidal agents

Invasive therapy and scolicidal agents go together. The authors have mentioned only four with inadequate character.¹ Many literatures are available to look for an ideal scolicidal agent. They include 20% hypertonic saline, 0.04% chlorhexidine gluconate (*The best so far*), 3% hydrogen peroxide, 0.5%

silver nitrate, 1% and 5% povidone iodine, 0.5% cetrimide/0.05% chlorhexidine (Savlon),⁸ 20% silver nitrate, albendazole 20 mg/cm³, 50% dextrose hypertonic glucose, 20% mannitol and aminomix-1 solutions.⁹ Propolis, can be used even in the case of cystobiliary communication with no side effects on liver and biliary tree,¹⁰ 10% diluted honey, safely with biliary-cystic communication,¹¹ warm water at commonly available, easily prepared, and inexpensive 50–60°C can be regarded as an effective scolicidal agent. The possible side effects need further investigation.¹² Methanolic extract of garlic (*Allium sativum*) had a high scolicidal,¹³ highly acidic or alkaline solutions.¹⁴

Surgical therapy

Although conservative surgical procedures are considered simpler and safer to perform, the rate of postoperative complications such as biliary fistula, recurrence, and cavity suppuration have been reported to be about 35%. On the other hand, radical surgery can be performed with low risk of recurrence (3.2%)¹⁵ Radical surgery is the most effective treatment for complex hydatid cysts and partial or total pericystectomy virtually eliminated, over time, the need for hepatic resection.¹⁶ The analysis of risk, benefit and safety profile is covered very well and is appreciable.¹

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