

READERS OPINION

Intraoperative diagnosis of cystobiliary communications of hydatid liver cysts

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The liver is the most frequent location for hydatid disease, and the most common complication of hydatid liver cysts is cystobiliary communications. Prevention methods for this frequent complication can decrease postoperative interventions and the duration of hospital stay. Technical details of the surgical methods are very useful for clinicians who treat hydatid cysts. We would like to thank Irkörüçü et al. (1) for their interest in our study (2). We agree with the authors that a colored agent injected into the biliary tree can make the orifices more visible. We have previously experienced that methylene blue can cover the cyst cavity, particularly if there is more than one orifice in the same cavity. However, methylene blue is not an easy-clean dye, and it is difficult to find the other orifices when methylene blue covers the cyst. We do not routinely evaluate the whole biliary tree by intraoperative cholangiography, and none of our cases had

remnant hydatid cyst material in the biliary tract. In some cases, a deep or multilocular cyst must be checked for cystobiliary communications. In these cases, we prefer a large unroofing of the pericyst to examine the bottom of the cyst cavity to determine whether there is any accumulation of normal saline during saline injection.

REFERENCES

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