ABSTRACT
Background: This retrospective study aims to present our parenchyma-preserving and minimally invasive operation experiences on giant pulmonary hydatid cysts.
Methods: Nineteen patients (13 males, 6 females; mean age 22 years) with giant hydatid cysts were operated. The outermost layer of the giant cyst, the adventitia, was excised up to the normal parenchyma, and the previously detected bronchial leaks were closed. The released adventitia were reciprocally sutured into the parenchyma.
Results: Hydatid cysts were in the right hemithorax in 13 patients, in the left hemithorax in five patients, and bilateral in one patient. The safe bronchial closure prevented pulmonary volume loss without stretching the parenchyma. Operative complications were pleural effusion in one patient, atelectasis in two patients, wound infection in one patient, and pneumonia in three patients. The diameter of cysts, measured by computed tomography, was approximately 10 cm. The mean duration of hospitalization was 7.5 days.
Conclusion: Current treatment of hydatid cysts should allow pulmonary expansion after complete surgical removal of the cyst. Thanks to parenchyma-preserving and minimally invasive thoracotomy technique, none of the operated patients required resection. Advantages of our technique include low rate of complications, and removal of the cyst using a single thoracic drain with minimally invasive thoracotomy without requiring capitonnage.