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Observed or Predicted Albendazole Hepatotoxicity as an Indication for a Resection Procedure in Hepatic Hydatid Disease – A Short Series of Cases

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Abstract

Objective: To highlight the role of albendazole hepatotoxicity in the choice between drainage versus a resection procedure in hepatic hydatidosis.

Methods: The charts of four patients were reviewed retrospectively. In three patients, albendazole caused more than 10-fold increases in transaminase levels and was stopped. One patient had concomitant autoimmune hepatitis.

Results: In the first case, two large hydatid cysts involving the right and the left hepatic veins were detected. First, left lateral sectionectomy and ligation of the right posterior portal vein branches were performed. Hypertrophy of the remnant liver allowed a safe right posterior sectionectomy two months later. In the second patient, a 9-cm cyst in segments 6 and 7 was treated with pericystectomy. The third patient had a 6-cm centrally located cyst. Pericystectomy, removal of small vesicles from the anterior section bile duct, common bile duct exploration with a T-tube placement were performed. In the patient with auto-immune hepatitis, pericystectomy was chosen for two objectives: 1) to eliminate a cavity prone to recurrence in an immunosuppressed patient 2) to avoid albendazole that may complicate the interpretation of liver function tests. The postoperative period and early follow up of all patients was uneventful. The second and the fourth patients have been followed for 56 and 17 months respectively and no recurrence has been detected.

Conclusions: A resection procedure eliminates the cavity and the need for adjuvant albendazole treatment. This is a vital advantage for the small subset of patients with severe albendazole hepatotoxicity.

Key words: hydatid disease, Echinococcus granulosus resection, pericystectomy, drainage, albendazole hepatotoxicity