Primary Splenic Hydatidosis

Mehmet Ozdogan a Atac Baykal b Mehmet Keskek c Kaya Yorganci b Erhan Hamaloglu b Iskender Sayek b

Departments of General Surgery, a Ataturk Research Hospital, Bilkent, b Hacettepe University Medical School and c Numune Research Hospital, Sihhiye, Ankara, Turkey

Dear Editor,

We have read the original article 'Primary Splenic Hydatidosis' by Durgun et al. [1] with interest. The authors evaluated 14 patients with isolated splenic hydatid cyst. All their patients underwent elective splenectomy with a 28.5% complication rate and without any recurrence. They suggested splenectomy as an ideal procedure for the treatment of splenic hydatidosis.

In our series of splenic hydatidosis of the same patient size [2], we had performed spleen-preserving surgery, namely partial cystectomy and omentopexy in 2 patients with good long-term results. We also performed partial cystectomy and omentopexy in another patient successfully later on. Although the attempt of percutaneous drainage treatment of splenic cyst hydatidosis in 2 other patients failed in our study [2], a recent study from Turkey stated that percutaneous treatment modality could be applied with a very high success rate [3].

We think that, although splenectomy usually remains the treatment of choice for most of the surgeons, partial cystectomy and omentopexy should be performed whenever possible as a safe method that do not interfere with splenic functions. Percutaneous treatment of hydatid cyst of spleen needs to be evaluated further.

References