Liver Cysts in Autosomal Dominant Polycystic Kidney Disease

Mariusz Niemczyk¹, Monika Gradzik² and Krzysztof Zieniewicz²

¹Department of Immunology, Transplant Medicine and Internal Diseases; Medical University of Warsaw; Nowogrodzka 59, 02-006 Warsaw, Poland
²Department of General, Transplant and Liver Surgery; Medical University of Warsaw; Banacha 1A, 02-097 Warsaw, Poland

We present magnetic resonance images of a 59-year-old Caucasian woman with stage 4 chronic kidney disease in a course of autosomal dominant polycystic kidney disease (ADPKD), and polycystic liver disease (PLD) with a dominant cysts leading to the mass effect (Figure 1). Laparoscopic fenestration of the largest cyst was done with uneventful follow-up.

PLD is defined as a liver containing above 20 cysts. It may be an isolated condition, or an extrarenal manifestation of ADPKD. In most cases, PLD is benign and asymptomatic [1]. However, in rare cases the condition may be complicated with massive hepatomegaly leading to compression of the surrounding organs, or acute complications [2]. Treatment options include (1) medical approach, with somatostatin analogues, or proliferation signal inhibitors, (2) interventional radiology, with arterial embolization, or percutaneous sclerotherapy, and (3) surgical intervention, with fenestration, hepatic resection, or liver transplantation in the most severe cases [2,3].

References

*Corresponding author: Dr. Mariusz Niemczyk; Department of Immunology, Transplant Medicine and Internal Diseases; Medical University of Warsaw; Nowogrodzka 59, 02-006 Warsaw, Poland; Tel: +48 22 502 1641; Fax: +48 22 502 2127; E-mail: mariuszniemczyk@wp.pl

Received October 16, 2015; Accepted October 19, 2015; Published October 26, 2015


Copyright: © 2015 Niemczyk M, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.