[PICTURES IN CLINICAL MEDICINE]

A Huge Liver Cyst Manifesting Dyspnea and Edema

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Picture.

An 88-year-old woman with a 2-year history of dyspnea and edema was referred to our hospital. She showed jugular venous dilatation with Kussmaul sign (Picture A), abdominal distension and edema of the lower limbs (Picture B). Blood tests showed hypoxemia (61.2 mmHg), hypercapnia (50.1 mmHg) and renal impairment. Chest X-ray showed no congestion despite deviation of the heart and pulmonary vessels (Picture C). The right ventricle was compressed (Picture D), but the ejection fraction was preserved on ultrasound. Computed tomography revealed a giant (22 cm) hepatic cyst compressing the lung, heart, inferior vena cava, and right

kidney (Picture E). After removal of 3 L of hemorrhagic fluid by percutaneous drainage, the edema and dyspnea disappeared. Intra-cystic injections of minocycline (200 mg, 8 times) were performed and have been effective for the past year. Hepatic cysts are rarely symptomatic (1); however, the possibility should be considered in patients with dyspnea and edema. Adequate drainage and local injection of the sclerotizing agent minocycline can be effective (2).

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