Ciliated Hepatic Foregut Cyst Mimicking a Hydatid Cyst: A Case Report and Review of Literature
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ABSTRACT
A ciliated hepatic foregut cyst is a rare cystic lesion of the liver. A 25-year-old man who was referred from an area endemic for hydatid cysts, presented with abdominal pain. Clinical, paraclinical, and imaging studies all suggested the presence of a hydatid cyst. Pathological studies after the resection of the cyst showed the presence of a ciliated hepatic foregut cyst.

Key Words: Hepatic foregut cyst, hydatid cyst, review

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A ciliated hepatic foregut cyst is a rare entity, the first case having been described by Friedrich in 1857,[1] but the term first used by Wheeler and Edmondson in 1984.[2] Since then, numerous cases have been reported mostly in Japanese patients,[3] where they have mimicked other lesions such as neoplasms[4] or parasitic cysts.[3] In this report, we present a case of a hepatic foregut cyst that was operated with the diagnosis of a hydatid cyst of the liver in a patient from an endemic area.

CASE HISTORY
A 25-year-old man presented to us with abdominal pain but no remarkable medical history; he was referred from an area endemic for *Echinococcus granulosus*. His chief complaint was a right upper quadrant pain; physical examination findings were unremarkable. Laboratory work-up including liver function tests were completely unremarkable. Abdominal sonography revealed a well-defined lesion (27 × 16 mm, 54 HU) in the anterosuperior aspect of the right lobe of the liver, which was highly suggestive of a hydatid cyst [Figure 1]. Serological testing for *Echinococcus granulosus* was positive for a hydatid cyst. Surgery was undertaken in view of the consideration that a hydatid cyst was the most logical diagnosis in an area of high endemicity for the disease. A small cyst was found during the operation, and a segment of the liver was resected and sent for pathological investigations.

A piece of the liver tissue received in the pathology laboratory was found to have a collapsed cystic structure. The inner and outer surfaces of the cyst were smooth and the wall thickness was <0.1 cm [Figure 2]. Microscopic examination showed a cystic lesion lined by ciliated columnar epithelium, beneath which there were some smooth muscle fibers, collagen, and connective tissue [Figure 3]. The cyst lining was uniform with no evidence of atypia and it was completely in the liver parenchyma. Noncystic liver parenchyma was unremarkable; the lesion was diagnosed as a hepatic foregut cyst. The patient was discharged from the hospital in a good condition and without any complication.

DISCUSSION
Hepatic cysts are present in approximately 5% of the general
A hepatic foregut cyst is a rare entity with most of the reported cases being from Japan. This cyst may arise from remnants of embryonic foregut, but the exact etiology is unknown.

Most of the cases are reported in adults and the majority of them have been asymptomatic and found incidentally during abdominal imaging studies or surgical exploration.

More than 85% of the cases were reported during the last two decades. Since the first report by Friedreich in 1857, about 65 cases have been published, but none from the Middle-East.

The recent rise in case reports is likely explained by increased detection rates, because of the dramatic rise in the use of abdominal imaging. The differential diagnostic possibilities include simple (cholangiogenic) cysts, parasitic cysts, hepatobiliary cystadenomas, and cystic metastatic tumors.

There are rare case reports of the malignant transformation of hepatic foregut cysts, which highlight the importance of careful diagnosis and clinical follow-up of the patients. According to our case report, a hepatic foregut cyst should be included as a differential diagnosis of liver cysts even in areas endemic for parasitic cysts.

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