ENDOVASCULAR MANAGEMENT OF INFERIOR VENA CAVA INVASION BY HEPATIC HYDATID CYST

Enrique M. San Norberto.
Fuente R, García-Sáiz I, Taylor J, Cenizo N, Vaquero C.
Disclosure

Speaker name:

ENRIQUE M. SAN NORBERTO

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

✓ I do not have any potential conflict of interest
INTRODUCTION

• Hydatid pulmonary embolism from fistulisation or rupture of hydatid liver cysts to the inferior vena cava (IVC) is an uncommon condition.

• Embolism is caused by vesicles or daughter cysts that act purely mechanically by obstructing the blood.

• The possibility of a massive pulmonary embolisation is always considered and indicates an emergency treatment.
A 54-year-old man was admitted with dyspnea and chest pain.

Abdominal sonography revealed an 8 cm hepatic hydatid cyst adjacent to the IVC.
**CASE REPORT**

- the cyst was possibly ruptured into the vena cava (A,B).
- a hypodense filling defect obstructing a dilated segmental right lower lobe pulmonary artery branch (C,D).
A self-expanding nitinol stent (E-XL stent) was placed from the suprarrenal cava to the limit of the IVC into the right atrium.
The patient recovered from the acidosis and dyspnea two days after the procedure.

He was treated with albendazole and oral anticoagulation.
• The follow-up CT scans showed correct stent position with resolution of the IVC stenosis.

• A persistent hydatid embolus was detected within the right lower lobe pulmonary artery.

• The patient became asymptomatic after 12 months of follow-up.
- Higher intra-cystic pressure.
- Cover of important side branches.
CONCLUSIONS

- Pulmonary artery embolism due to hepatic hydatid cyst rupture into the IVC is an extremely rare entity.

- Our suggested technique was not oriented to treat the underlying disease but constitutes a near-immediate protection against recurrent pulmonary life-threatening embolisms.

- A longer follow-up is mandatory to corroborate durable embolus prevention with non-covered stents.
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THANK YOU!

Enrique M. San Norberto García.
esannorberto@hotmail.com
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Angiology and Vascular Surgery.
Valladolid University Hospital. Spain.