



INTRODUCTION

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Liver cysts may vary in size from a few millimeters in diameter to massive lesions occupying large volumes of the upper abdomen, the largest reported liver cyst was 17 liters volume (Jones , 1986).

Cushieri (1990) divided liver cysts broadly as nonparasitic and parasitic groups . Among the former group there are various clinical conditions which reflect underlying developmental defects of the liver .

Controversy still rages on the aetiologic factors associated with liver cyst. Inflammatory, degenerative , neoplastic and developmental causes, all have been implicated (Nora , 1972).

Meyers (1990) advocated that diagnosis of liver cyst should be suspected in any case who has an upper abdominal mass and / or a history of upper abdominal discomfort . Before the advent of recent imaging techniques , liver cyst was diagnosed postmortem , and rarely diagnosed antemortem , however , the current wide spread application of sensitive imaging techniques such as ultrasonic and computed tomographic scannings still probably lead to detection of large number of liver cysts antemortem . Care should be taken in all patients to verify the nature of liver cysts by means of history , serological tests, imaging

techniques and gross appearance at the time of operation , also , entities that may simulate liver cysts should be differentiated from it as intrahepatic gall bladder , enlarged intra hepatic vessels , abscesses and necrotic primary or secondary tumours (**Bernardino** , 1984) .

There are three main decisions involved in the management of a patient with a liver cysts . When to stop performing nonoperative diagnostic tests , may be this is the most difficult decision . What are the indications for surgery and what is the best procedure to perform .

There are preliminary observations that some types of liver cysts have an epithelial lining which is sensitive to hormones that have an effect on the biliary system , suggesting that the natural history of these cysts might be influenced pharmacologically .

The operative treatment is elective except when there is rupture , torsion or intracystic haemorrhage , and it is based on the size , location of the cysts and the patient's general status (**Newman** , 1990) .