INTRODUCTION

Cystic diseases of the liver include simple cysts, multiple cysts arising in the setting of polycystic liver disease, parasitic or hydatid (echinococcal) cysts, cystic tumors, and abscesses ***(Parks and Oniscu, 2007).***

The precise frequency of liver cysts is not known because most do not cause symptoms, but liver cysts have been estimated to occur 5% of the population. No more than 10-15% of these patients have symptoms that bring the cyst to clinical attention ***(Everson et al., 2004).***

The cause of simple liver cysts is not known, but they are believed to be congenital in origin. Adult polycystic liver disease (AD-PCLD) is congenital and is usually associated with autosomal dominant polycystic kidney disease (AD-PKD) ***(Juran and Lazaridis, 2006).*** Liver tumors with central necrosis visualized on imaging studies are often misdiagnosed as liver cysts. True intrahepatic neoplasic cysts are rare ***(Thomas et al., 2005).*** Hydatid cysts are caused by infestation with the parasite Echinococcus granulosus ***(Diker et al., 2007)***. Hepatic abscesses can be amebic or bacterial in origin ***(Parks and Oniscu, 2007).***

Hepatic cysts are usually asymptomatic and found as an incidental finding on imaging or at the time of laparotomy. Pain, fever, and symptoms and signs of complication as portal hypertension, liver cell failure, rupture,

infection and hemorrhage in cysts are the main clinical presentation that varies according to the type of cyst ***(Parks and Oniscu, 2007).***

The evaluation of a patient with cystic liver disease involves laboratory work up as liver function test, complete blood picture, Casoni's test, and tumor markers. A number of options are available for imaging and highly sensitive. Computed tomography scan is also highly sensitive and is easier to interpret, particularly for treatment planning. MRI, nuclear medicine scanning, and hepatic angiography have a limited role in the evaluation of hepatic cysts ***(Power et al., 2007).***

The management of liver cysts is either medical, surgical or both. Each management modality should be tailored according to the type of cyst, presence of complications, and the clinical condition of the patient ***(Parks and Oniscu, 2007).***