Clinical Case

I report a 40-year old pregnant woman presented with left lank pain during one month. Percutaneous left cyst aspiration was performed before 4 years ago. Complete blood count and serum biochemistry profiles were within normal limits. Additionally the patient was diagnosed with pregnant before two months. Ultrasonography revealed 18*15 cm cystic lesion in left kidney. Magnetic Resonance Imaging (MRI) showed 18x11x10 cm sized left renal cyst (Figure1). Percutaneous cyst aspiration was done for treatment. Approximately 500 ml fluid was aspirated and the pain was solved. Aspiration fluid was examined in pathology department. The result of the pathologic evaluation was benign. After three months, the patient' complaints were started and ultrasonography imaging showed the recurrence of left renal cyst that was 12*10 cm sized.

The renal cysts exist in approximately 50% of adults, but these are only detected incidentally because most of the patients are asymptomatic [1]. Treatment of renal cyst includes; Percutaneous aspiration with or without sclerosants and surgical deroofing with open surgery, Percutaneous decortication and laparoscopic surgery. Percutaneous aspiration is much less invasive than the others. However the recurrence rate of simple aspiration is very high up to 90%.

Laparoscopic decortication of renal cyst was first described by Hulbert et al in 1992 [2]. This technique is the first choice for treatment of simple renal cyst. Laparoscopic decortication is less invasive and safer than open surgery but more invasive than percutaneous cyst aspiration techniques. The recurrence rate of the patients who underwent laparoscopic decortication is about 19% follow up of 67.2 months which is far lower than percutaneous aspiration (54%) with sclerosant agent [3].

Finally, percutaneous cyst aspiration is a choice for patients who are not suitable for laparoscopic or open surgery such as senility, pregnancy or refused surgery.

References